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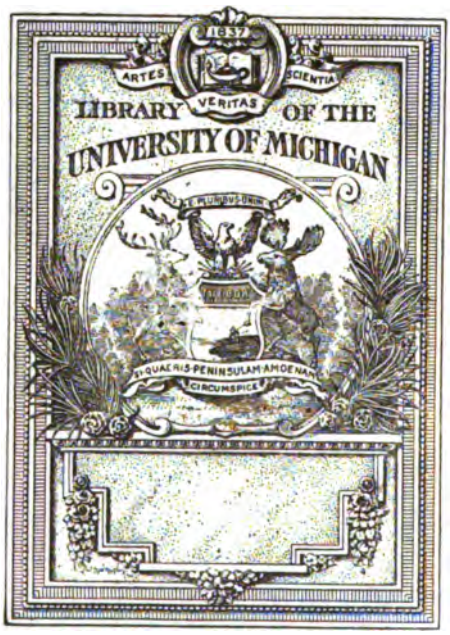

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THE TEXAS MEDICAL NEWS.

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For Texas Medical News.

Adrenalin Chlorid in the Treatment of Rattlesnake Bite.*

BY AUG. D. FERGUSON, M. D., DALLAS, TEXAS.

The author spent eleven months in Southwest Texas, in the newly-developed country along the St. Louis, Brownsville & Mexico Railway, between Corpus Christi and Brownsville. Before the coming of the railway this vast scope of country, covered with cactus, scrubby mesquite and underbrush, the rendezvous of a number of species of rattlesnake, was almost totally used for ranch purposes. With the railroad came the farmer, more especially the truck farmer, and before he could turn the rich virgin soil, preparatory to truck raising, the mesquite, cactus and underbrush had to be cut down, piled and burned.

It was during this stage of development that most cases of rattle-

*Read before the Dallas County Medical Society.

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snake bites occurred, and it was almost an everyday occurrence. It is in this sub-tropical section of the State, where cacti and catclaws are thickest, and occasionally a tree of black ebony, we find the most vicious species of Pit Viper, which are characterized by being short and thick in proportion to length, with clubbed tails, and their surface appears rough, commonly known among the natives as the diamond-back rattler.

The "pit" consists of a depression over the lip between the eye and the nostril. The head is triangular, lanceolate, with massive muscular development of the jaw. The pupil is eliptical instead of round. There are two hollow fangs in the superior maxilla which, in the quiescent stage are retracted until they lie horizontally along the upper jaw with their points looking backward. The fangs in the upper jaw are hollow like a hypodermic needle and communicate with the venom sack, which, when brought into action, is compressed by muscular fibers and forces the venom through the hollow of the fangs. There are two similar fangs in the lower maxilla which have no hollow.

The rattlesnake is more dangerous during the hot season or period of reproduction, which, in this Southern latitude, is the early spring. But venomous snakes, with few exceptions, are sluggish, and the poison they possess is given them as a means of securing prey; this poison, consequently, is a powerful paralyzant, and the creature bitten can not get far away from his would-be devourer. Once a creature is bitten, the major portion of the poison contained in the sacks at the base of the fangs is used up, and it requires hours to reproduce it in any quantity. The second use of the fangs, consequently, does not develop the virulence that attains to the first, and the third is still less venomous and perhaps not at all so, the fluid exuded by the fangs being merely a secretion analagous to that developed in the salivary glands of man.

The symptoms of all snake bites are similar, regardless of species, but they vary in intensity according to the quantity of venom injected, its location and the species of serpent. At first there is experienced but slight pain, which gradually increases until it becomes severe, when the influence of the poison on the nerve centers now appears, and respiration being labored, cardiac action weak and irregular, nausea and vomiting, faintness and cold, clammy perspiration simultaneously appearing, the patient, unless prompt measures are instituted for combating the toxemia, succumbs in a few hours from cardiac paralysis, the respirations continuing some time after cardiac failure.

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The patient, if he passes safely through the strain of the first thirty-six or forty-eight hours, manifests the destructive influence of the venom upon the protoplasm of the blood corpuscles and tissues, by more or less violent mental symptoms or exhaustion and coma. In many cases, however, where the patient is otherwise strong, he slowly recovers.

Individuals weakened by disease, overwork, or insufficient food, which is generally the case with the poor Mexicans, are those in which the prognosis is unfavorable. The poison acts most readily upon warm-blooded animals, especially if injected into a vein, when death is often practically instantaneous, and the season of the year, more toxic, the hotter and the condition and the health of the snake, more so in the hungry.

Rattlesnakes, like all snakes of the viperoid family, are born into the world. The mother will give birth, from the middle of July to the middle of August, to from six to twelve baby rattlers, about fourteen inches long, and no thicker than a lead pencil. The baby is self-reliant from birth and is provided with poison and fangs and is capable of self-existence without any assistance from its mother. Dangerous little fellows they are, marked like the adult snakes and provided with a single button at the end of the tail—the first link in the series of rattles to be developed ring by ring with each shedding of the skin.

All snakes are carnivorous, and, as a rule, take living prey only, a few feed habitually or occasionally on eggs. Many swallow their victims live, others first kill it by smothering it between the coils of their body.

Not all cases of snake-bite are fatal, for the reason that the snake, having previously bitten something else, his venom-bags being empty. The ignorant Mexicans treat snake-bite by incising the wound and applying a poultice of nopal, which is the prickly pear or cactus. When nopal is not to be had, they use Spanish dagger-points for puncturing the wound many times, which is very painful and a poor substitute for incisions. It is needless to say that their treatment is ineffectual, except in cases where the reptile has previously emptied his poison-bags. If there is a full charge of venom, the patient is dazed and blinded and will not try to escape or kill the reptile.

Treatment consists of adrenalin chlorid, hypodermically, in sufficient doses and often enough to strengthen and sustain the heart until the poison is eliminated. Opium in some form for the pain, —the better way would be to administer morphin hypodermically

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in half-grain doses at first, if the patient be an adult. The wound should be incised several times and injected with a strong solution of potassium permanganate for the purpose of eliminating any poison that may be unabsorbed in the tissues contiguous to the wound.

Rattlesnake venom is deep green in color and has a very high specific gravity and is comparatively slow of absorption, hence the necessity of incision, injection of permanganate, etc. However, when the fangs enter an artery or vein its toxic effect is almost instantaneous. The permanganate solution is said to be chemically incompatible with snake venom and to decompose all the venom that it comes in contact with in the tissues and blood.

The adrenalin chlorid solution (adrenalin chlorid 1 part in 1000 parts of physiologic or normal salt solution, with 0.5 per cent chloretone) should be administered in small doses and frequently repeated until its physiological effect is obtained, after which it should be administered just often enough to maintain its physiological effect. It is the effect of the venom circulating in the blood that we counteract by giving adrenalin chlorid. It can be given in larger doses and repeated oftener in snake-bite, because snake venom neutralizes its action upon the heart and circulation, like pain neutralizes the action of morphin. Until antivenin or some other potent remedy is produced, our main reliance in treating snake bites of all kinds, lies in the early and careful administration of adrenalin chlorid solution in conjunction with other appropriate remedies.

History of Case.—Augustine Vela, Mexican, age 43; weight, 210 pounds; height, six feet and two inches; fine physique, muscular and in perfect health. No history of syphilis or tuberculosis. Occupation, laborer, grubbing or clearing new land. While at work, about 9 a. m., January 10, 1905, was bitten on the right hand by a large diamond-back rattler, measuring ten feet. He was bitten over region of first and fourth metacarpal bones, the snake's fangs entering the superficial veins and being one and one-half inches between points of entry. The man was in a squatting position when bitten, when he raised up and walked a few steps and sat down. His American foreman, seeing what had happened, had the other workmen lift the sick man into a wagon which was standing nearby and they drove under whip to Kingsville, where my office was located, a distance of about a mile. However, before they started, they corded the arm at the wrist and again at the shoulder and applied some coal oil, which was all they had in the way of medicine.

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On arrival at the office his pulse was 50, weak, irregular and intermittent, and almost imperceptible over radius. Mind wandering, and in great agony, and extreme muscular weakness—not being able to stand or walk—respirations rapid and superficial, cold, clammy sweats, faintness and nausea. His hand and arm were much swollen and ecchymotic.

Treatment was begun immediately by giving a large draught of whisky, one-half grain of morphin for the pain, ten drops of adrenalin chlorid solution, 1/1000 in normal salt solution, and 1/20 grain strychnin sulphat, hypodermically. Four deep incisions on dorsum of hand and many injections of a saturated solution of potassium permanganate, followed by cupping glass with air-pump attachment. The injections of adrenalin chlorid solution and morphin were repated a number of times in the afternoon. The patient vomited a number of times and complained of severe pain in abdomen. On the fifth day the swelling and ecchymosis began to disappear, and by the fourteenth day had entirely gone.

In the administration of adrenalin chlorid solution, care should be exercised in the size of the dose and its repetition. The age and weight of patient should be considered, as well as the condition it is given in. Repeated doses of this active agent will produce anatomical alterations. Immediate results are a marked elevation of arterial tension, with intense vaso-constriction and increase of cardiac energy. It acts with greater rapidity when injected into veins, and is more toxic when given in this way. Adrenalin chlorid solution is contraindicated when arterial tension is already elevated, when the cerebral arteries are brittle or degenerate and when there is an arterial aneurism. When fatal doses are injected into blood vessels, pulmonary edema rapidly follows. Parenchymatous injections into lung tissue or trachea are also very dangerous.

Vela's arm, hand, shoulder, side of neck and right side down to the hip, were a solid black. After a tedious convalescence of three weeks he went back to work.

For Texas Medical News.

What Constitutes an Authority in Ophthalmology? A Letter to Mr. Spectacles.

In the September issue of the TEXAS MEDICAL NEWS, under the caption, "The Reception Tendered the Honorable Mr. Spectacles on His Return From a Tour Around the World," the editor seems to think he has said the last word on the wearing of eye-glasses.

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No doubt the doctor was indulging merely in a bit of humor, but for fear some one might have taken him seriously, this brief reply to his "letter" is offered, simply as a small endeavor to establish a little more "truth in medicine." The popular medical fallacies of the day, legion in number and peculiar in origin, are often unmeaningly fostered by physicians; and each and every member of the profession would do well to read Dr. Hirshberg's article on this subject recently published in the *American Magazine* (October, 1906), as well as an editorial ("Medical Fallacies") in the *Journal of the American Medical Association* for October 6, 1906.

Primarily, it must be admitted that opticians and fakirs are reckless prescribers of spectacles; but it is just as true that a correct and scientific glass, prescribed with pupils dilated by an expert oculist, has saved countless thousands from a life of blindness. Take progressive myopia (near-sightedness) alone: nearly 10 per cent of avoidable loss of sight is due to this affection or its immediate consequences. Cohn, in one clinic, in one year (Wiesbaden, 1887) cites 12,452 myopes among 70,174 cases. One-half of these (6226) could have been saved had the proper glass been sufficiently early prescribed. Note the expression, "sufficiently early." This means in young childhood, when, according to the editor, "they should be permitted to go out and play upon the lawn, tumble in the grass, look at a distance, *develop the sight by far-seeing, and read at close range, and focus the eyes by means of the muscles.*"

He says further: "Educate the people up to the high importance of allowing their children's eyes not to be interfered with too early, but allowed to develop in the proper way, and if glasses are absolutely required, consult an up-to-date oculist of known ability." This is the worst possible advice, first, because you can not interfere "too early"; if you wait, the harm is done and can not be undone; second, because by the time a layman decides that glasses are "absolutely necessary," the fundus changes may have increased to such a degree that glasses can not relieve them.

Another fruitful example is mixed astigmatism. No device of any character, no treatment of whatsoever kind will enable these sufferers to see till accurate glasses are fitted. Not only so, but the eye develops better, the red lids and blinking disappear, the tugging ciliary muscle is given work it can do instead of being allowed to attempt something it absolutely can not do; and last, but most in point, the all-important retina gets the chance to take on its proper function and does not give up the battle—which it finally does if left unaided to itself.

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A third instance where glasses are decidedly essential in childhood (and we might multiply instances, but will let this be the last) is high hyperopia (so-called "far-sightedness"). In this category, a glass will, in nearly every case, prevent the oncome of squint ("cross-eye"), which is such a common and unsightly defect. I have at present two cases, one of 2 years and one of 4, both wearing glasses with much ease and comfort. In one, aged 4, a latent muscular error of 45° (esophoria) disappeared in nine weeks. (She is wearing O. U. +2 S.) This would soon have become a manifest error (squint); and, indeed, the mother did say that a friend had on one or two occasions noticed a "cast" in one eye.

Again, the author states: "When man or woman had reached the age of 40 or 50, their sight, the most important of all senses, began to fail. They were denied the pleasure of reading, the enjoyment of the play, the exciting sport of horse-racing, and other things of great interest to mankind, for the reason that their eyesight had failed them." This is ridiculous. These people do need a weak glass for reading; but who ever heard of their complaining about not being able to see plays, horse-races, and the like? These are as easily seen as they ever were; for rays from a distance are parallel; and for their focusing on the retina no accommodation is needed.

Further on we come across this statement: "Then it was that our old friend, * * * Mr. Spectacles came to their rescue and brought to them what is known as their 'second sight.' This is also erroneous; "second sight" is a temporary improvement in vision due to a slight increase in the refractive power of a swelling lens in beginning cataract.

The doctor also declares that glasses are "splints." This may, in a certain degree, be true, for they do sustain the eyes till assisted, and nature can establish a cure; but, unlike a splint, they can not be discarded in a few weeks without the eyes returning to the old, diseased condition.

Finally, "Mr. Spectacles" did not, as is suggested, go out from our little America to conquer all the world. Glasses were invented about 1280 (probably by a Florentine monk), more than 200 years before America was discovered.

H. B. DECHERD, M. A., M. D.

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Questions Given by the Board of Medical Examiners, Houston, Texas, October 16, 17, 18, 1906.

PRACTICE.

1. What is intestinal obstruction and its pathological anatomy?
2. In acute indigestion resulting in cholera morbus, what would be your first plan of treatment?
3. What are biliary calculi, their cause and treatment?
4. How would you diagnose and treat a case of gastric cancer?
5. What is sciatica, symptoms and treatment?
6. What are the symptoms and treatment of acute catarrhal laryngitis?
7. How would you diagnose and treat a case of diphtheria?
8. What are the methods employed in making an examination of the heart? Describe the same in normal condition.
9. What is epilepsy, its cause and varieties?
10. What is interstitial nephritis?
11. What is anemia, its causes and pathological anatomy?
12. How would you diagnose a case of croupous pneumonia?

D. J. JENKINS, M. D., Daingerfield, Texas.

GYNECOLOGY.

1. What is vaginismus, and how would you treat it?
2. Describe a choice operation for recto-vaginal fistula.
3. What are the symptoms of gonorrheal vaginitis?
4. What complications arise from gonorrhea in the female?
5. What symptoms are produced by a prolapsed ovary?
6. How should a case of retroversion of the uterus with adhesions be treated?
7. What treatment would you adopt for antiflexion of the uterus associated with painful menstruation?
8. After the menopause has passed, what may account for the recurrence of bloody vaginal discharge in some women?
9. Upon what clinical history, symptoms and physical signs would you make a probable diagnosis of tubal pregnancy before rupture?
10. What are the disadvantages of uterine fixation operations in young women?
11. Describe Emmett's operation for lacerated perineum.
12. What are the disadvantages of vaginal hysterectomy?

A. C. SCOTT, M. D., Temple, Texas.

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OBSTETRICS.

1. (a) What is the connection between ovulation and menstruation? (b) What is the average duration of menstruation? (c) What is the interval between the menstrual periods? (d) Give the average age at which menstruation first occurs.

2. Describe the axis of the inlet and the outlet of the pelvis and the axis of the cavity.

3. How are the organs of generation divided, external and internal?

4. Describe the changes which occur in the ovum after impregnation.

5. (a) What are the uses of the *liquor amnii* during pregnancy? (b) During labor?

6. (a) What is puberty? (b) Describe the changes that take place in the female at puberty.

7. (a) What comprises the puerperal state? (b) Describe the maternal changes during that period.

8. Describe the lochia and the conditions that change its composition and quantity.

9. Give the diagnosis and treatment of trunk presentations.

10. In what way may delivery be arrested in twin births? Describe the management of the same.

11. Give the causes, diagnosis and treatment of purulent ophthalmia neonatorum.

12. Give causes, pathology and treatment of thrush.

J. T. WILSON, M. D., Sherman, Texas.

SURGERY.

1. Give the principal methods of abdominal drainage with which you are familiar. What method do you consider best?

2. How would you treat a case of ingrown toe nail?

3. Mention the most important symptoms of an acute synovitis involving the hip joint.

4. Give your treatment of a large varicose ulcer of the leg.

5. What are the principal signs of a simple fracture involving the femur?

6. What important tissues may be accidently wounded during an operation for femoral hernia?

7. What are the symptoms of acute intestinal obstruction?

8. How should an aneurism of femoral artery be treated?

9. How would you treat a large varicocele?

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10. Describe in detail how you would correct the deformity and dress a case of Colles fracture.

11. Describe in detail how you would proceed to control hemorrhage during an amputation of the hip joint.

12. How would you treat a carbuncle?

EYE, EAR, NOSE, AND THROAT.

1. What are the dangers of otitis media?

2. How would you make a differential diagnosis between a case of diphtheria and a bad case of follicular tonsilitis?

3. Upon what would you base a diagnosis of suppurating disease in the antrum of Highmore?

4. Describe in detail how you would proceed to remove a small foreign body embedded in the cornea.

5. Upon what symptoms would you make a diagnosis of mastoiditis?

T. T. JACKSON, M. D., San Antonio, Texas.

MEDICAL JURISPRUDENCE.

1. Define forensic medicine.

2. Briefly enumerate the difference between an ordinary and a medical expert witness.

3. Enumerate the general rules to be observed in testifying as an expert witness.

4. Define criminal and civil malpractice.

5. Briefly enumerate what you would do if called to view the body of a person found dead.

6. What do you understand by personal identity?

7. Give a practical and reliable test for human blood.

8. State what is considered a live birth by law and what manifestations of life would establish it medico-legally.

9. If called to see a person before death suspected of having been poisoned, state what steps you would take to determine this fact both before and after death.

10. What do you understand by a dying declaration and what is its value in court?

11. Give a differential diagnosis between opium poisoning, acute alcoholism and apoplexy.

12. If called to view a person found dead from gun-shot wound state how you would determine as to whether it was probably suicide or murder.

M. M. SMITH, M. D., Austin, Texas.

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PATHOLOGY.

1. Describe in a brief way the pathology of yellow fever.

2. In what part of the system would you expect to find primarily the infectious element in yellow fever?

3. From results of recent investigations, what, in your opinion, is the infectious element in yellow fever, and how is it conveyed?

4. What other infectious disease, common in the country, the morbid appearances of which sometimes so much resemble those of yellow fever?

5. What, in your opinion, is the source of infection in malarial diseases?

6. In malarial cachexia, or chronic malarial poisoning, what morbid conditions are usually found?

7. A case—age 26. Recurring hematemesis, profuse—enormously enlarged spleen. Anemia—lemon-tinted skin — moderate general dropsy. Sclera bluish-white; digestion poor, with inclination to costiveness. History: Two or three terms of chills in boyhood, each lasting one year or more. Diagnosis made without microscope. Gave him quinine in acid solution for six or eight weeks—nearly 400 grains in all. Spleen reduced like magic to almost normal size, no more hemorrhage, dropsy disappeared, skin resumed more natural tint, when he passed from under my care. What, in your opinion, was the morbidity causing the hemorrhage; and what caused this morbidity?

8. Where would you expect to find pathological lesions in hydrophobia, and mention some of the most pronounced?

9. What pathological lesions to be found in simple acute endocarditis?

10. How does endocarditis differ from acute plastic pericarditis pathologically?

11. Which of these will likely affect most seriously the circulation of the blood, and why?

12. Mention some disease which is most commonly the cause of either or both of these morbid conditions.

T. J. BELL, M. D., Tyler, Texas.

CHEMISTRY.

1. Define molecular weight.

2. Define portable, hard, and temporary hard water.

3. How is H_2S prepared? Write formula.

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4. Describe the bismuth test for sugar in the urine. What is the objection to this test?

5. Mention chemical and physical properties of arsenic.

6. Upon what reaction does the copper test for sugar in the urine depend?

7. What do you understand by diffusion of gases?

8. What is the chemical antidote for bichloride of mercury?

9. What are the chemical incompatibilities of iron and antipyrin?

10. What are fats? What are soaps?

11. Give atomic weight and valence of hydrogen, lead, sulphur, and mercury.

12. What is the relation between albumin and the specific gravity; and sugar and the specific gravity of urine?

R. T. MORRIS, M. D., Houston, Texas.

ANATOMY.

1. Describe a dorsal vertebra.

2. Give origin, insertion, and action of the pectoralis major muscle.

3. Name the nerves that supply the tongue and give their function.

4. Give the relations of the radial artery, and name its branches.

5. Describe the spleen.

6. Name the points of special interest of the popliteal space.

7. Name the ligaments which suspend the uterus.

8. What area is drained by the right lymphatic duct?

9. Describe the elbow joints.

10. Describe the artificial divisions of the abdomen, and name the contents of each subdivision.

11. Describe the great sciatic nerve.

12. Describe the rectum.

R. T. MORRIS, M. D., Houston, Texas.

HISTOLOGY.

1. To what part of the anatomy does histology apply?

2. What relation does a knowledge of histology bear to physiology?

3. Describe in a brief way the histology of the kidney.

4. Give the minute anatomy of the liver.

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5. Name the minute endings of the bronchi.
6. What are Haversian canals and where found?
7. Mention the communication between the great system of blood vessels.
8. Mention the three great groups into which the tissues of the body are divided.
9. What are the principal forms of fibrous tissue?
10. Mention principal difference between cartilage and bone.
11. What structures compose secreting glands?
12. What are lymphatic glands and where are they found?

T. J. BELL, M. D., Tyler, Texas.

HYGIENE.

1. What is the difference between a contagious and infectious disease?
2. Describe two of the best methods of fumigation to prevent the spread of contagious diseases.
3. What steps are essential to prevent the spread of typhoid fever from a patient to other members of the household?
4. Describe a good plan for ventilating a sleeping room in a temperate climate during winter.
5. What are the normal constituents of atmospheric air?
6. What are the deleterious ingredients of exhaled air?
7. What is meant by absolute and relative humidity?
8. What symptoms are produced in some persons by sudden changes from low to high altitudes?
9. Why should the principles of hygiene be observed in construction of dwellings?
10. In the selection of a building site, what things are to be sought and what avoided?
11. How would you guard against the bowel disturbances of infants during their first and second summers?
12. From what foods does ptomain poisoning arise?

A. C. SCOTT, M. D., Temple, Texas.

MATERIA MEDICA AND THERAPEUTICS.

1. What is the dose of oleoresina aspidii and for what is it used?
2. Define a hypnotic. What is a hemostatic?
3. Name: (a) The most efficient mydriatic; (b) myotic; (c) analgesic. Give dose of the analgesic.

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4. What is the best remedy, administered internally, for phosphatic and alkaline urine? Give dosage.

5. What are the antogonists of aconite? What is the dose of the tincture according to 1900 Pharmacopeia?

6. Name the antagonists of cocaine.

7. State the effects of alcohol and strychnine on the arterioles.

8. For what is boric acid most frequently used locally? For what purpose is it given internally, and the dose?

9. Give the formula for making Seidlitz powders.

10. Write a prescription for half an ounce of a 10 per cent solution of cocaine.

11. What is the composition of oxide of zinc ointment?

12. How would you prepare wine whey for a patient?

13. In what disease is veratrum viride most frequently used? What is the dose of the tincture, 1900 Pharmacopeia?

14. Name the ingredients and principal use of black wash.

15. Give technic of enteroclysis and indications for its use.

16. Name the two best antidotes and the two best antagonists to carbolic acid.

17. Name three local and three general or systemic emetics.

18. What is the adult dose of each of the following remedies: (a) Morphine sulphate; (b) codeine sulphate; (c) tincture opii. deod.; (d) tincture opii. camph.?

S. T. TURNER, M. D., El Paso, Texas.

PHYSIOLOGY.

1. Explain what is meant by "blood-pressure" and "peripheral resistance."

2. At what point in the circulatory system does the blood flow most rapidly?

3. Which travels with greater rapidity, the pulse or the blood stream?

4. In what organ is lymph most rapidly formed?

5. How is digestion modified by the absence of hydrochloric acid from the gastric juice?

6. To what kind of diet is the addition of sodium chloride of most importance?

7. What are the limitations to the use of milk as the sole article of diet?

8. What is meant by "internal secretion?"

9. What is the chief source of urea?

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10. What are the functions of the red blood corpuscles?

11. Why does the injection of a large quantity of normal saline solution into the vessels cause diuresis?

12. What are the functions of the pancreatic juice?

SAM R. BURROUGHS, M. D., Buffalo, Texas.

SECOND-HAND MEDICAL BOOKS.—I have a very large number of medical books upon every branch of medicine and surgery, some almost brand new and others quite ancient. I am determined to sell these boooks at all hazards between this time and the first of January. Write me in detail what you want and let me quote you my very low prices on everything. Address, H. P. N. Gammel, Medical and Law Book Man, Austin, Texas.

PARTNER FOR SANITARIUM WANTED.—A party desires to associate himself with one or more others to establish a first-class sanitarium. No one need answer this advertisement who is not willing to invest as much as $5000. Such investor may obtain position as medical director at good salary. Certain of 25 per cent on investment after first year. Best of references required, and furnished. Texas physician preferred. Write fully in first letter qualifications, standing, etc., and reply will give all details. Address, Sanitarium, care Texas Medical News.

AXIOMS IN THE TREATMENT OF CANCER OF THE RECTUM.—Charles B. Kelsey believes that in every suitable case of cancer of the rectum the patient should be subjected to immediate excision or resection by some one of the half-dozen well-recognized varieties of the operation. Every other case should be treated at once by colostomy. As operable cases, he considers such only as allow of complete removal of the disease with no more risk than attends any other major surgical operation. The mortality rate depends upon the choice of cases and upon the operator. But no matter what its form, cancer of the intestine is an unsatisfactory disease. In some cases recurrence is cured when the original operation was not successful. There is no one operation that is applicable to all cases. The site of the growth must be the controlling factor. The writer then gives an outline of the method which he has found satisfactory for many years. The greatest of all palliatives for cancer of the rectum is colostomy.—*Medical Record.*

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THE TEXAS MEDICAL NEWS.

A JOURNAL OF MEDICINE, SURGERY AND HYGIENE.

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GOOD TIMES IN TEXAS.

As stated in our last issue, owing to the large crops of the various products raised in most all portions of the State, makes the general prosperity of the State of Texas almost unprecedented. Already the large money lender and vendor's lien note-holder is having past-due paper paid off rapidly, and the farmer, laborer, and even the doctor will be able this year to get his share of the general prosperity. The result of this increased wealth in the community will bring about a stimulation of many industries. There will doubtless be many investments of a material kind, new houses constructed, new lands purchased, new improvements made of various kinds. Getting down more minutely to the members of the medical profession, they will be interested in new vehicles, and probably a large number in automobiles. The old, superannuated horse will be pensioned, placed in a good pasture for services already rendered, and the new and more comely-looking steed with a two-ten gait will take his place. The doctor's office will doubtless engage his attention, new floor covering with furniture, desk, letter-files, typewriter, and the same improvements will be noticeable in the examination and treatment rooms. Up-to-date instruments and apparatuses of various kinds, those interested in electro therapeutics

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will doubtless invest in a static machine or coils, wall-plates and various kinds of electrical sundries, surgical chairs, tables, instrument cases, and, in fact, the entire office will be overhauled and the old and out-of-date portions removed and the new and up-to-date will take their place. All of this is but one indication of what general prosperity in Texas will mean. But the profession should not lose sight of this fact, that, as a general rule, the doctor's cotton crop is the "top crop," and with the large yield this season, with active efforts on the part of members of the profession, they ought to be able to collect not only the bills due for the past one or two years, but all outstanding indebtedness for the past year. When these things have all been gone over, the doctor will enlarge his bank account and invest in various and sundry ways, but I hope and trust, never in cotton futures or mining stock and such wild-cat enterprises.

The attendance in our post-graduate medical schools will doubtless clearly demonstrate the desire of large numbers of the profession to take advantage of the opportunity when business is slack to go to the medical centers and brush up and refreshen themselves upon the various branches of medicine and surgery.

We have but merely enumerated a portion of the things which come to our mind in this disconnected way, simply to put you to thinking and cause you to make inspection of your own offices and never to be satisfied with standing still, but always moving onward and upward.

NEW YORK MEETING OF THE AMERICAN INTERNATIONAL CONGRESS ON TUBERCULOSIS.

The fourth biennial session of the American International Congress on Tuberculosis will hold its meeting at the Astor Hotel, New York City, November 14th, 15th and 16th, and from the present outlook the meeting will be a most successful one, and we can not do better than reproduce the editorial which appeared in the TEXAS MEDICAL JOURNAL for November, written by the honored president of this Congress, Dr. F. E. Daniel:

"The preliminary program was received too late for publication in this issue. I had expected to publish it. I am advised that the program in detail is very full and complete. Many strong and important papers have been contributed, and addresses will be made by notable men. The headquarters will be at the New Astor Hotel, where there will be a committee who will give delegates all desired

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information, including the special rates secured at hotels and boarding houses, and programs and badges will be then distributed. The fare over all routes will be one full fare going, and one-third fare returning, good for any length of stay in New York. Delegates should get from the local ticket agent a certificate that one full fare has been paid. This certificate endorsed by the secretary will entitle the holder to one-third rate returning. Through-sleeper tickets can be secured, changing sleepers at St. Louis, via the Wabash to New York, if that route is chosen.

The management are advised that there will be a large attendance, not only from the States of North, South, and Central America, but from foreign countries in response to the invitations sent out by Hon. Elihu Root, Secretary of State. There will be a dinner on the evening of the 15th, at which it is expected ladies will be present. Of course, there will be toasts and speeches, "a feast of reason and a flow of"—"spirits." Tickets for the dinner must be spoken for in advance and paid for,—so much,—I do not know how much, —per plate. This dinner is given by the Medico-Legal Society in honor of the Congress on Tuberculosis.

It is expected that much good will result from this meeting. The discussions will take a wide range, but the keynote will be Preventive Legislation; the prophylaxis of consumption. The government must come to the relief of the people. They are being awakened to the enormity of the losses by this preventable disease, and the medical profession having done its full share in pointing out the cause, mode of dissemination and how it may be controlled, the people must now demand protective legislation at the hands of their representatives. The main plea will be for a Department of Public Health with a minister or commissioner in the cabinet of the President.

It is expected that there will be a full representation from Texas. Governor Lanham has appointed a list of fifty representative physicians of the State Medical Association, and a very large majority of them have notified Secretary Smith of their intentions to be present. Dr. Geo. R. Tabor, our popular State Health Officer, has been elected first vice-president, vice Kellogg, unavoidably absent, and is also chairman of Committee on State Sanatoria. Dr. Tabor has signified his intention of being present.

Texas is signally honored in that the principal officers are Texans, and she must keep her corner up, and lead in this great matter of sanitary reform. The government must act and at once, to stay the fearful losses by consumption."

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PRESIDENT ROOSEVELT AND THE TUBERCULOSIS CONGRESS.—He sends assurances of his interest in the meeting, and best wishes for its success.

AMERICAN INTERNATIONAL CONGRESS ON TUBERCULOSIS, NEW YORK CITY, NOVEMBER 14, 15, AND 16, 1906.

OFFICE OF THE PRESIDENT.

AUSTIN, TEXAS, October 22, 1906.

Hon. Theodore Roosevelt, President of the United States of America, Washington, D. C.

MR. PRESIDENT: On behalf of the management we have the honor to inform you that the fourth biennial session of the American International Congress on Tuberculosis will be held in New York City November 14th, 15th, and 16th (prox.), and to invite you to be present.

You are doubtless informed as to the magnitude of the evil which this Congress is earnestly seeking to devise and recommend means to combat. We recall with satisfaction your active and efficient work in the cause when Governor of New York, and more recently in ordering the enforcement of sanitary precautions in all the departments at Washington; but it may not be known to you that while yellow fever, according to the United States statistics, during a century, has caused an average of one thousand deaths in America in a year, consumption destroys one thousand lives every two and a half days. It would seem that in view of this appalling fact no argument should be necessary to convince those who have the making of the laws that prompt and effectual action should be at once instituted for the arrest of this destructive disease. It is largely preventable; but to even limit the spread requires authority of law, co-operation, efficient action, and ample means. Practically nothing is being done by the general government to reduce the mortality of consumption in this country.

We are encouraged to hope that Your Excellency will lend to the movement the great weight and influence of your presence and cordial support, at least at the opening of the Congress. It would give an impetus to the work, and redound to the further glory of this great Republic, a Republic whose greatness has been so notably enhanced by your own wise administration. America, foremost in so many reforms and advances, should not be second in sanitary reform for the benefit of the public health. So devastating a disease is doubtless a factor in crime, prostitution and pauperism, and

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legislation in the interest of the public health is legislation in the interest of public morals. The world is aroused to the necessity of action looking to the control of tuberculosis, and we note in Germany, France, and England there has already been a marked decrease in the mortality rate. His Majesty the King of England, in June personally opened the great Charity Sanitarium for Consumptives at Sussex, an institution endowed by Sir Ernest Cassell with $1,000,000.

The management have the assurance of a large and enthusiastic attendance, not only from the North American and South American States, but from Europe, in response to the invitation sent out by the Hon. Elihu Root, Secretary of State, to all foreign countries with which we have relations through our diplomatic service.

May we not hope that Your Excellency will take an active interest in the great humanitarian work the Congress is seeking to do, and honor us with your presence, if only for a few minutes at the opening of the Congress?

We have the honor to be, Mr. President,

Yours very respectfully,

F. E. DANIEL, President,

M. M. SMITH, Secretary,

American International Congress on Tuberculosis, 1906.

THE WHITE HOUSE,
WASHINGTON.

October 27, 1906.

Dr. F. E. Daniel, President, American International Congress on Tuberculosis, Austin, Texas.

MY DEAR SIR: The President thanks you cordially for your kind letter of the 23d instant inviting him to attend the fourth biennial session of the American International Congress on Tuberculosis. He regrets, however, that it will be impossible to accept, as he will be on his Panama trip on the dates mentioned.

Assuring you of the President's interest in the work of your Congress, and conveying his good wishes for the success of the coming session, I am, Very truly yours,

WM. LOEB,
Secretary to the President.

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LETTER FROM THE GOVERNOR OF TEXAS.

EXECUTIVE OFFICE,
STATE OF TEXAS, AUSTIN.

November 1, 1906.

Dr. F. E. Daniel, President American International Congress on Tuberculosis, Austin, Texas.

MY DEAR SIR: I have the honor to acknowledge the receipt of your special invitation to attend the American International Congress on Tuberculosis in New York on the 14th, 15th, and 16th inst. I regret exceedingly that my official duties and engagements will prevent me from complying with your courteous request. I regard this meeting of the medical profession as being one of the most important that has ever been held. I feel a deep interest in its success and have no doubt that much good will be accomplished thereby in the alleviation of this trouble which affects so many people.

With best wishes for the success of your Congress, I remain,

Very respectfully,

S. W. T. LANHAM,
Governor.

Notes and Miscellany.

SHE DRAWS THE LINE.—The Doctor—"You are to take ten drops in a wine-glassful of water after each meal."

The Patient—"Doctor, as a member of the W. C. T. U., I object to the word wineglass."—*Brooklyn Life.*

A GREAT PRIVILEGE.—A most estimable lady of foreign extraction remarked, apropos of the visit to Denver of the representative of an English college of heraldry: "Isn't it nice that you can have some one to look up your gynecological tree for you and tell you about what you come from?"—*The Colorado Medical Journal.*

NATURAL THERMOMETER.—Doctor—"How can you tell, then, madam, whether the water is too cold or too warm unless you have a thermometer?"

Mother of A-New-Born—"When the baby's blue, I know the water is too cold; when red, it's too warm."—*Adam S. Gregorius, in Lippincott's Magazine.*

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A HUNDRED-TO-ONE SHOT.—At the race track in Oakland, Cal., during the early part of last season, R——n, a well-known jockey, was thrown and badly injured. The doctors in consultation decided that an immediate operation was necessary to save the boy's life. On being informed of this, the injured one asked what his chances were, and was told: "About one in ten, if we operate."

"And if you don't operate, Doc?"

"Well, about one in a hundred."

"Sort of in God's hands, ain't it?"

"Why, certainly," admitted the surprised M. D.

A contented grin touched the jockey's pale lips and twinkled in his shrewd eyes.

"Well, say, Doc, I guess I'd rather play a hundred-to-one shot with Him in the saddle than a ten-to-one with you fellows up. Just let her go, Doc."

She went. The long shot won, and R——n is again riding winners at the old place.—*H. C. Robinson, in Lippincott's Magazine.*

FALSE TEETH will not be needed by the German children when they reach maturity, if the free care of children's teeth continues to grow in popularity. Strasburg reports 12,691 visits to its clinic last year and other cities have had proportionate attendances. It is reported that the children are improving in the care they give their teeth. It is a part of the work of the Medical School Inspectors in New York City to examine the teeth of the children, and to enter dental caries upon cards referred to family physicians.—*Medical Times.*

APPENDICITIS: TO OPERATE OR NOT TO OPERATE.—J. J. Brownson gives the principles on which he bases the proper time for operation in cases of appendicitis: (1) The operation for appendicitis ought to be done in the primary stage or before the high fever period. The appendix should be removed, to guard against fulminating cases and those in which rupture occurs into the abdominal cavity. (2) In the secondary period after suppuration, drainage should be instituted, and nature left to take care of the appendix. (3) In the interval, after all symptoms of inflammation have subsided, the appendix should be removed. The writer declares that the operation ought not to be done in the intermediary period when there is fever and distention of the abdomen, because the danger from operation at this period is greater than the risk of the case

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becoming fulminating, or the abscess bursting into the abdominal cavity. The writer has always found his method successful.—*Medcal Record.*

A SIDE-LIGHT ON HISTORY.—The following is quoted verbatim from a Long Island City examination paper in English history:

"William of Orange was a good and wise man. The people were tired of James I's rule and they hoped that Mary would become queen. Just then James gave birth to a prince, and this done Mary out of her chance. The people would not stand for this, and they appointed William of Oragane as their king."—*Harper's Weekly.*

"THREE ways to spread news: Telegraph, telephone, and tell-a-woman."

ALMOST A SPECIFIC FOR ASTHMA.—The following is almost a specific both in relief and as a final cure in asthma:

℞ Tinct. of gelsemium .....oz. i.
Tinc. of lobelia .....oz. i.
Potassium bromide .....oz. ss.

M. Sig.:—Dose, twenty drops in water every three hours.—*The Medical Summary.*

HE BROKE THE NEWS TO MOTHER.—Mrs. Baumkeester walked into the school room aggressively, paid no heed either to the surprised look or the polite greeting of the teacher, but squared herself before the desk of that person and remarked:

"Vy iss it dot you teach mein Hans such insulding dings about his own beebles?"

"Why, Mrs. Baumkeester, I have not taught Hans anything like that."

"Yes, you haf. He comes home und dells me dot id iss der Chermans dot iss making all der beebles sickness."

"But, Mrs. Baumkees"—

"Dere iss no use denying id. Mein Hans doesn't lie. Und, pesides, he ret id vrom der pook oud—vrom der pook vot you gif him to study py. Und he set dot you set id vas so."

"What in the world do you mean?"

"Diss!" bringing one hand into the other to emphasize her charge; "diss! You tolt mein Hans, und you gif him der pook vere id set dot all der diseases iss caused by der Chermans."

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And the teacher had no more success in explaining her germ theories to Mrs. Baumkeester than she had with Hans.—*Judge.*

INGROWING NAILS.—1. Remove all pressure from the nail by cutting away a piece of the shoe.

2. Disinfect with hydrogen dioxid until no more "foam" appears.

3. Apply a drop of strong solution of cocaine in the base of the ulcer.

4. Apply a drop of Monsell's solution to the ulcer, then cover loosely with gauze. Repeat this process every second day, until the edge of the nail is released, by the retraction of the hypertrophied tissue. The patient suffers no pain from the application, and all pain has disappeared the second day. The cure is effected in a week or two, without inconvenience or interference with business. —*Albright's Office Practitioner.*

LOCAL ANESTHETIC.—Adrenalin chlorid 2 drams, cocain 5 grains, water half an ounce. Soak four layers of lint with the solution and place on the pad a positive electrode; place a large negative electrode elsewhere and slowly induce a current of fifteen to thirty milliamperes, five to ten minutes. Then wash the surface with ether, when any small operation may be done without pain. —*Ex.*

PUBLICITY AS A FACTOR IN VENEREAL PROPHYLAXIS.—P. A. Morrow, New York, declares that the concealment of facts regarding venereal diseases is a factor in perpetuating the evils attending them. The value of publicity in the suppression of evils has been amply demonstrated of late, but the venereal evil furnishes the most conspicuous example of an evil that flourishes in darkness and owes its power for mischief to the obscurity to which it has been relegated by traditional prejudice. Publicity here is desirable, he says, and is absolutely indispensable to the success of plans for prophylaxis. To the question, is publicity practicable, he answers that it is, and that the sentiment that forbids the open discussion of the subject has no place in the counsels of preventive medicine. Though the newspapers are not available, physicians can work with tracts, pamphlets, conferences, lectures, meetings of medical societies to which the public is invited. Another valuable agency would be a journal of popular medicine, devoted to the study and

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prevention of all communicable diseases, especially those spread in the ordinary relations of social life. Such a one has already been projected. He believes the present a favorable time to dispel the indifferences of the public regarding this evil and to bring about reform.—*Journal A. M. A.*

A DUNDEE physician, because a teetotaler had a red nose, suspected the sincerity of the man's professions.

So he invited him to dine at a restaurant one night, and ordered champagne with the dinner.

The teetotaler did not hesitate at all over the champagne. He drank a half-dozen glasses and grew gay and boisterous.

Then the doctor, feeling that he had him, said gruffly: "Well, John, hoo does this square wi' yer teetotaler pretentions?"

The prohibitionist (as you would call him here) laughed and answered: "Tho' I'm a staunch teetot'ler, I'm no sic a fule as to refuse what the doctor orders."—*Ex.*

MUST PAY ALL THE SAME.—In a suit brought by a physician in Vienna for advice given over the telephone, the court held that such consultations must be paid for as other ordinary medical advice given directly to the patient.

CAUSE AND EFFECT.—"A few months ago," said the sufferer, "I had indigestion and rheumatism, but it is otherwise now."

"How's that?" queried the stranger.

"Since a rich uncle shuffled off and left me a half a million," explained the other, "the doctors call it appendicitis and locomotor ataxia."—*Columbus Dispatch.*

THE X-RAY IN LEUKEMIA AND HODGKIN'S DISEASE. — A. H. Roth, Ann Arbor, reports two cases treated with the X-rays; one of Hodgkin's disease, in which the relief of symptoms was obtained, though they probably may recur unless the treatment is continued, and one of splenomyelogenous leukemia, in which the continued application of the rays for over a year has brought the blood down to the normal and largely reduced the splenic enlargement. Arsenic used as an adjunct to the treatment seemed to be of benefit. The first effect of X-ray treatment was to increase the number of leucocytes in the general circulation. This was accomplished by a

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large increase of degenerate cells, most of them disintegrating myelocytes. No toxic symptoms have developed in the patient, and though the blood count has remained normal for two months, the continued use of the X-ray at intervals is advised to prevent possible recurrence. The application was made in the leukemic case over the spleen and long bones with a hard tube at a distance of ten inches from the anode, the applications lasting from seven to fifteen minutes. In the case of Hodgkin's disease the X-ray treatment was made over the enlarged glands.—*Journal A. M. A.*

Venereal Diseases in France.—T. Tuffier, France, describes the methods now employed in France to check the spread of venereal disease. They consist in the police control (reglementation) of prostitutes and resorts, and educational methods. The latter are carried on by lectures, distribution of pamphlets, etc., and there is an active Society of Prophylaxis composed of physicians, surgeons, obstetricians, eminent lawyers and police officials which meets monthly to consider important matters connected with the subject and which has accomplished definite results. The police regulation of women appears to be limited under the French law to those actually soliciting, and the need of more frequent examination by skilled venereal specialists and increased facilities for treatment is recognized and sought to be provided for. Most physicians believe that there should be a special service in all general and special hospitals to meet the necessities of this class of cases.—*Journal A. M. A.*

The Teaching of the Public Regarding Venereal Disease.—A. E. Carrieer, Detroit, sees no reason why a child should not be taught the care of the sexual organs as well as that of the eyes or other organs. The instruction should begin as soon as the children become curious, and if they do not receive instruction from proper sources, we may consider it most probable that information will be given from improper ones. The need of accurate statistics of the effects of venereal disease is mentioned and the dangers of the common errors regarding gonorrhea and syphilis are pointed out. The public, he states, should be instructed as to the chronicity of these disorders and the difficulty and uncertainties of their cure. The danger of syphilitic inheritance is another matter that should be especially emphasized. If we could discuss these matters with the public with the same freedom as we can the subject of tuberculosis,

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for example, much would be gained. The need of better hospitalization facilities for venereal diseases and of some sort of legal control of prostitution are also matters that should, in his opinion, be demonstrated to the public.—*Journal A. M. A.*

TEACHING REGARDING VENEREAL DISEASE.—G. Whiteside, Portland, Ore., believes that, as regards venereal disease, we must rely on the prophylactic value of very early education, and that it would be better if every mother could teach her children the anatomy and physiology of the sexual organs as soon as they are able to understand it, than to have them wait till puberty and acquire erroneous ideas in the meantime. Boys at the age of 15 or 16 could be instructed as to the nature and dangers of gonorrhea and syphilis, best by some physician, and not to frighten them, but simply as information. With older men such instruction is less effective. Girls of the better class should understand their anatomy and physiology, but why tell them of venereal disease or loathsome sexual perversions? Girls who have no one to look after them should, for their own safety, be as well informed as the boys are, and should be especially instructed as to the dangers of drink and of abortion. Whether such measures will make the world better he is doubtful, but we can not be sure without a trial.—*Journal A. M. A.*

THE DUTY OF THE STATE TOWARD VENEREAL DISEASES.—H. D. Holton, Brattleboro, Vt., says that, before we seek aid from the State in the combat against venereal diseases, there must be a strong public sentiment which will sustain action by authority, and there must also be a strong demand for State interference. All this can only be brought about by an educational movement beginning at the home and continuing through the high and preparatory schools and college. It is quite possible, too, that the medical profession will have to be educated along the line of duty; it has hardly done its duty yet in this matter. The obtaining of the needed information to carry on the work of prevention should be the first thing undertaken, and he reproduces the circulars approved to be sent out to physicians by the Conference of State and Provincial Boards of Health of North America, asking for data as to cases of syphilis and gonorrhea, and giving information as to their avoidance and prevention. So far as Holton is informed, these circulars have only been sent out thus far in the States of Ohio and Vermont. If all cases were reported to boards of health, as other com-

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municable diseases are (without names), so that a fairly accurate estimate could be made of the number of cases occurring, the number of each disease, how acquired, innocently or otherwise, and the effects on procreation, we would have a foundation on which to work for prevention.—*Journal A. M. A.*

INSTRUCTION REGARDING VENEREAL DISEASES. — Bransford Lewis, St. Louis, holds that, for the public safety if for no other reason, the laity should receive instruction regarding venereal diseases and their dangers. The nature of the three diseases should be described and their modes of dissemination, especially the fact that they can all be acquired by other means than sexual intercourse, but that syphilis is especially dangerous on account of the contagiousness of its manifold lesions as well as by the blood of infected individuals, and the chances of the innocent acquisition of the disease are thus vastly increased. The far-reaching consequences and complications of these diseases should also be made known; their relations to matrimony and heredity, their longevity and mortality should be fully made known to the public generally, and the popular misconceptions thoroughly corrected. The dangers of gonorrhea to innocent wives and the fact that, contrary to current belief, it outranks syphilis as a direct cause of death should be explained. The conditions of cure of these diseases must be understood before entering into marriage relations or in any way exposing others to the infection.—*Journal A. M. A.*

THE MEDICAL PROFESSION AND VENEREAL DISEASE.—According to W. J. Herdman, Ann Arbor, there are three leading fallacies that the medical profession must first attack in their combat with venereal disease: (1) The physiologic one, that continence in sexual life is in any way injurious to him or her who practices it; (2) the social one, that permits one standard of recognition for the man and another for the woman who has fallen from virtue; and (3) a fallacy of method, built on a misconception of the factors of the problem, and consisting in the prevalent belief that an infraction of the normal law with its evil moral and physical effects, can be repaired by any system of legal restraint or license directed to the physical effects alone, especially since such legal control must of necessity be partial and complete. These must be cleared away before much can be done. The present machinery of the American Medical Association, he states, affords an excellent means of

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providing the needed education of the public. It should have a standing committee as a central nucleus, charged with the duty of collecting statistics, disseminating literature, furthering legislation, etc., and the State medical societies should have corresponding committees, while the work should be carried further, through the county societies, health boards and officials, boards of education, teachers and church organizations. A whole systematic plan of campaign is sketched out which has been already adopted and carried out by the Michigan State Medical Society. It needs no prophet, he says, to anticipate how fruitful of good results such a systematic and thorough plan of enlightenment will be against this great evil.—*Journal A. M. A.*

TUBERCULOSIS OF THE MIDDLE EAR AND MASTOID.—E. A. Crockett, Boston, thinks that the routine examination for the tubercle bacillus would reveal a large number of infections which have clinically shown no diagnostic symptoms. They constitute, he says, the majority of the severe mastoid cases seen in infants. In the extreme cases the diagnosis can be certainly made without recourse to cultures by unmistakable clinical signs, and first and most important of these, he reckons the appearance of a small glandular swelling in front of the tragus, either before or coincident with a middle-ear discharge. Later there is parotid and subzygomatic induration with or without local abscess formation and in extreme cases, after weeks or months, the formation of post-aural abscesses and induration of the glands of the neck. In the severe type the process is apt to begin in the middle ear or temporal bone and to be attended by a facial paralysis on the affected side, and later by the formation of large sequestra of the mastoid or petrous or both. These cases are easily diagnosed and their prognosis is absolutely bad if untreated. A more common form is an infection of the middle ear without involvement of other tissues or of the mastoid, evidently proceeding by way of the Eustachian tube and usually a complication of pulmonary tuberculosis. In Crockett's experience, it has been impossible to check one of these cases short of complete destruction of the membrane and partial destruction of the malleus and incus. In the latter, prompt operative treatment checks the local process, and the prognosis is good; otherwise, as already stated, it is bad. Crockett says, indeed, that the tuberculosis process in the neighborhood of the ear is fully as favorable in infants, if not more so, as that of the ordinary septic processes

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commonly causing mastoid diseases in children. Of course, general hygienic and other open-air treatment is also indicated, and much good can be obtained in the middle-ear processes by the use of iodoform powder and gauze in all the open wounds. These are the only cases in which, in his experience, marked improvement follows the use of iodoform gauze instead of plain gauze.—*Journal A. M. A.*

Treatment of Loosened Teeth.

M. L. Rhein, New York City, distinguishes two classes of loosened teeth: (1) Those cases due to infection which has caused the spreading of pus so as to interfere with the pericemental attachment of the root to the alveolus. In these the more or less speedy removal of the infecting focus will usually restore the solidity of the tooth. Infection from dying pulp, difficult eruption, ligatures around the neck of the tooth, ill-advised separation of the teeth and other injudicious dental procedures are the most common cause in this class, and the condition can therefore be considered a strictly localized disease readily cured by the removal of its cause. (2) Cases in which necrotic conditions prevail and the tooth becomes gradually loosened in its socket as it loses more and more of its peridental attachment. The condition here is the result of some form of malnutrition and is less amenable to treatment. The importance of ascertaining the cause in each case, therefore, is plain. Gingival pockets should be looked for and their extent ascertained. If they extend all round the apex of the root the pulp is probably dead and should be removed. If of slight extent, the question is more difficult and the pulp condition must be tested in various ways. The condition of the occlusion of the tooth must also be considered. Rhein speaks highly of the value of the X-ray in the diagnosis, but points out the need of care in the interpretation of the radiographs. In the second class of cases the general opinion is that the pulp has lost its physiologic characteristics, and its thorough removal when feasible is a well-recognized and satisfactory treatment. The X-ray has been suggested in these cases as a therapeutic method, but its real value is yet undetermined. The high frequency current in its various forms has also been used, and has, at least, the advantage of apparently lacking the dangerous qualities of the X-ray. In the treatment of these cases every possible pus focus must be removed, and one that frequently escapes observation is a root of a multirooted tooth that has lost its entire attachment and remains as a necrotic appendage. Such a root must be removed

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without fail, and the best results can only be obtained by replacing it with a porcelain substitute, the technic of which Rhein has elsewhere described. About 85 per cent of his cases thus treated have resulted favorably. When all other means have failed there remains the last resource of uniting loosened teeth together, or to healthy teeth. In all cases of loosened teeth of the second class, after the mouth has been brought into a comfortable condition this can only be maintained if it is followed once every month by careful prophylactic treatment by the dentist and dental nurse.—*Journal A. M. A.*

Abstracts and Selections.

Proprietaries, Physicians and Proprieties.

In an interesting paper with this significant title,* Dr. F. M. Corwin handles a much-discussed topic very cleverly and injects a vein of reason and common sense into a subject that has been misunderstood by the average reader. We are willing to concede that the work undertaken by the Council on Pharmacy and Chemistry of the American Medical Association is a most worthy and laudable mission, and one that will eventually revolutionize the methods of many of those who cater to the medical profession. There is danger, however, of going to extremes in a crusade of this character, and we hope to see a spirit of conservatism in control of the council before the danger line is reached.

A sense of justice, as well as appreciation of the efforts of the honest and painstaking pharmaceutical chemist demand that *his secret,* if one there be, of compounding his palatable, effective, and stable preparation, *be protected,* as a *safeguard against substitution* —that pernicious practice which does more harm than all the other evils combined and against which every doctor would fain be protected.† Dr. Corwin deprecates the practice of constantly prescribing nostrums, and believes one should use discrimination in choosing remedies, in order to avoid the humbugs and fakes. He is convinced that there are many meritorious and worthy preparations among the proprietaries, articles which no wide-awake, up-to-date

*Journal of the Medical Society of New Jersey, July, 1906.

†NOTE.—Our position is that the manufacturer having stated his formula, the prescriber should be satisfied with knowing *what* the preparation contains, without demanding to know *how* it is made.

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physician can afford to be without, but for every one of these meritorious preparations there are a dozen or more which have no valid claim for consideration. Physicians should familiarize themselves with the Pharmacopeia, he says, but should not adhere to it literally, because to do so would be to block the wheels of progress. The Pharmacopeia is supposed to reflect the needs of the medical profession. Corwin suggests in this connection that if the profession took more interest in the Pharmacopeia it might be made more comprehensive, and hence, perhaps, more useful. He places the blame for much of the facility with which physicians are led into the use of nostrums on a deficient education, lack of knowledge of materia medica, and pharmacology. He suggests that every physician familiarize himself thoroughly with the properties of thirty or forty useful drugs, and their most palatable and convenient preparations, and that he avail himself of the knowledge possessed by some up-to-date pharmacist. Physicians should ignore altogether the preparations of secret compositions and the alleged synthetics put out by some unknown house, which exists solely for the purpose of making and selling a few specialties. These articles of secret composition are no more worthy of confidence and patronage than are the so-called "patent medicines" which are advertised to the laity as cures for every known ailment. He also urges shunning all proprietaries which, while perhaps in themselves unobjectionable, have been exploited or marketed in such a way as to become well known to the general public and to be found in the department stores. The surface of the earth has now been raked over so carefully by the searchers for the useful that it is safe to assume that about all the plants and trees and minerals of any known or supposed therapeutic value have been brought to the pharmacologic laboratory and made to yield up their active principles for medicinal use, so that the profession may well look with suspicion on any alleged preparation of a hitherto unknown plant. With synthetics the case is different.

We are in hearty accord with Dr. C. H. Hughes, when he attributes to the average doctor the ability to discriminate for himself. He says:‡

"In the use of the aids to our therapeutics, a wise discrimination in the selection of the proprietaries, rather than an indiscriminate and wholesale condemnation is called for in the present-day therapeutic side of the practice of medicine. The essential thing

‡Alienist and Neurologist, May, 1906.

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to a wise and proper therapeutics is to know the exact proportion of and dosage of ingredients. Knowing this, the average physician ought to know when and how to use proprietaries with therapeutic property and clinical correctness, without the commercially-inspired suggestions and instructions as to therapeutic indications so voluminously, enthusiastically and often incautiously given, in some instances, by proprietary promoters."

Dr. Kenneth W. Millican, editor of the *Weekly Medical Review,* has contributed a series of articles on "Commercialism, Professionalism, and Their Relation to Proprietary Medicine," which cover a wide scope, and constitute a masterly analysis of these various questions—the best solutions we have yet seen. Dr. Millican has issued a pamphlet containing these editorials, which we advise our readers to procure and read.

Regarding self-medication and counter-prescribing, Dr. Hopkins has sounded the keynote when he asks the question:§ "By what right does the druggist prescribe even for the commonest of bodily ills? The druggist may know drugs, but he can not know patients! Yet the corner drug store will prescribe for more patients in a day than will the average qualified physician."

Referring to the crusade against acetanilid as a poison, Dr. Hopkins tritely remarks:

"Much has been said pro and con of the coal-tar derivatives and compounds containing acetanilid. It is not our purpose to enter into the controversy deeply. We believe, as we have stated above, that a good and useful agent is being calumniated while the real evil is overlooked. Acetanilid is not a poison in the ordinary acceptance of that term; few doctors believe that it is. It is a good and useful friend which will serve well, if intelligently employed, but it is not intended to be eaten by the teaspoonful or taken in the presence of cardiac disease. These products were never built for the use of any but a learned profession, and this brings us back to censure of the system of self-medication and prescribing by the incompetent. We do not believe that acetanilid can be so combined as to be a 'safe household remedy.' The exploitation of any compound containing it to this end may well be looked on with serious apprehension. It may be that no harm will result for a long time, but the chance is there, and it is an evil chance.

"Let us hope that the day will soon come when physician, manufacturer and druggist will combine to have the practice of medicine

§Medical Fortnightly, July 25, 1906.

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conducted in safe, scientific and legitimate channels, and it is no selfish belief that the best interests of all three, and that of the patient as well, will be promoted by the new regime."—*Editorial in Medical Herald.*

The Independent Medical Journal.

BY J. J. TAYLOR, M. D.

The world is ever ready to listen to a man who has earnest convictions and is willing to risk everything in his bold endeavor to express them.

The great creations, the towering monuments of all classes of journalism in all the world have been independent publications.

Man's best work has ever been accomplished when free from all restraining alliances, actuated by his own high sense of right, inspired by his love of truth and justice, he has labored conscientiously and often self-sacrificingly for the cause of science, of art, of humanity.

Thus working independently in his chosen field of activity, unfettered by official dictation or commercial interests, responsible only to the clientele which by the natural laws of attraction he has gathered around him, his work will have a power and an influence all its own. Such work is as everlasting as the eternal hills. By the side of this how puny and ephemeral seems the work of those who are the mere puppets of dictatorial masters, the fawning creatures of a fickle organization, or the human machines of a great commercial enterprise.

Now, let us see in what way these lofty sentiments apply to the purposes of this organization.

Medical journalism in this country at the present time is in rather a chaotic state. We have had for a great many years a strong and independent medical press, with characteristic enterprise searching out and publishing all that is newest and best in medical science, often at great financial sacrifice. These medical journals have for generations been the only means of intercommunication among the members of the medical profession of the United States and of representing its interests abroad. It is largely through the scientific ability of their editors and the enterprise of their publishers that medical science in America has advanced with such wonderful rapidity. They have published the great papers of our masters in medicine and surgery. They have made public

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the correction of mistakes of misguided enthusiasts, so that the profession at large could be quickly warned and thus avoid needless injurious experimentation. They have made it possible for the doctor to pursue a post-graduate course without leaving his home and practice. They have fought the battle for higher medical education; have helped to conquer quackery and have advanced the fees for medical and surgical work, showing the doctor how to secure the proper reward for his services. They have fostered discussions among their readers by which investigation has been encouraged and the truth has been brought to light. It is stating the facts moderately to say that without the influence of this independent medical press the medical profession would be more than fifty years behind what it is today.

But the independent journals have done far more.

They have fostered the spirit of brotherhood among the physicians of the country, urging them to give up the petty jealousies that too often develop in professional circles, teaching them that competition should be exchanged for co-operation, and have urged the organization of town, county, district, State and National medical societies. By offering the use of their pages they have made it possible for these societies to circulate their papers and to preserve their transactions.

Now, here comes another chapter in the development. These medical organizations have concluded that they no longer need nursing. They have suddenly taken it into their minds to start journals of their own, and have even openly threatened to turn around and eat up their former nurses. This is the second class of medical journals—the National and State medical society journals. For them we have no criticism, and towards them no animosity. They fulfill a useful purpose, and they have a right to a full and free opportunity for development. But in the light of certain loudly expressed boasts of an intention to kill off every independent medical journal, your speaker thinks it not necessary to waste editorial space in giving them the hearty and generous encouragement he has done in the past. Let them alone to work out their own destiny.

The third class of medical journals we have in this country consists of those published by manufacturing houses, more or less in the nature of house organs. Compared with European countries we have but a small number of these, and they are of comparatively insignificant importance.

Now, what are the practical conclusions in regard to this condition of affairs?

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In the first place, every society journal should be required to have a distinct subscription price entirely independent of the members' dues. If not, then they should be required, according to law, to pay full third-class postage. If they are thus required to stand upon their merits as medical journals, so that members may subscribe or not, as they prefer, and thus the unfair element in their competition be eliminated, there would be nothing but a warm welcome for them in the ranks of medical journalism.

But even the society journals may have elements which may affect their permanency. Already, I am sorry to say, they are quarreling among themselves. Their editorships are too often regarded in the light of political plums, to be given to the favorite of one faction this year and to that of another next year, and to be scrambled and fought over always. The editor is in hot water lest in pleasing one faction he offends another. He has no personal independence. The position of the journal this year, under Editor Slashemupski, may be entirely reversed next year under Brother Smoothemdownovitch. This I seriously regret, as I should like to see a brave, virile, consistent medical society press as a balance to the sometimes too individualistic tendencies of the independent press.

In the second place, all commercial house organs should be required to conform to the high principles of independent medical journalism or pay postage for what they really are. They should be discouraged by the profession. They generally do not correctly represent medical science. Did you ever see one of them contain even a slight criticism of any of the products manufactured by their own house? Can anyone doubt that that their self-interest will lead them occasionally to overpraise some of their own preparations? Have other manufacturers a fair show in their pages? We can not hope to meet their unfair competition when they can either give as a premium the full value of their subscription in medicine or other goods, or can give a subscription free with a certain order for their products. If they enter to play the game, they should be required to obey the rules.

I am sorry to see that the few we have in this country are being increased in number within the last two or three years, until I fear we may come to the position of France and Germany, where each manufacturer has his journal and a couple of "professors" with resounding nasal and gutteral titles, hired to write for them, whose principal duties seem to be to prepare abstracts of their articles to send to certain knee-bending journals in this country, testifying

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to the magic powers of "lungine" and "kidneyol," as reported in the *Wurzburger Krankliche Dunder und Blitzenblatt.* Some doctors in this country think that those are actual medical journals in good standing abroad. Physicians in subscribing for one of these manufacturers' publications, must know they are not getting unbiased medical science or opinion, and that if encouraged they will choke out all independent medical literature. Advertisers, in patronizing them, are helping to pay the advertising bills of their competitors who publish them and are nursing to maturity the serpent that will ultimately crush out their own existence.

Now, when all these abuses are corrected, the independent medical journal will once more have a fair field and can more easily maintain its usfulness, dignity and true importance.

Just a word, now, among ourselves: All medical journals, independent as well as others, should live up to their responsibilities and professions. No one should attempt to edit a medical journal until he has been in the general practice of medicine and surgery, or of the specialty for which the journal stands, for at least ten years. Closet journalism by impractical theorists is not only vapid and vain, but is often absolutely dangerous.

No one should assume the responsibility of loading the profession with a new journal unless he feels that he has a genuine mission to fulfill—a useful message to convey to his fellow physicians which no one else would be likely to undertake.

There are no magnificent financial rewards in the publication of an honest medical journal. There are no fancy dividends to stockholders—nor even plain ones—only a moderate salary for the editor and manager; less than the same intelligence and application would bring in other branches of publication or in ordinary commercial pursuits.

To realize the high ideals possible in medical journalism, we should be fair to the profession and fair to our fellow journalists. We should teach the profession that a good journal is worth paying for, and that they must pay a fair price for it if they want to read it.

Why do I ask a dollar for my journal? Because it is *worth* a dollar. It is as much worth it as one of my readers' visits to a patient is worth a dollar. If 480 pages such as we publish in *The Medical Council,* delivered in monthly installments, so as to be always fresh and up to the very last minute of medical and surgical progress, are not worth $1, then there is nothing in all human enterprise that is worth what it costs. Let us, then, brothers, have our legitimate subscription price and stick to it.

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Now, fellow editors, in conclusion, let us give to our readers clean, scientific, practical and up-to-date medical literature. Let us inspire our readers to the best that is in them professionally, and encourage and help them to command and obtain a suitable reward financially. Let us exact the prompt payment of a proper subscription price. Let us allow none but respectable and reliable advertisements in our advertising pages, excluding disreputable quack propositions and dishonest financial schemes. Let us be true creators and leaders, and we will always be able to command an appropriate following that will loyally stand by us through all ordinary vicissitudes.

Post-Operative Comfort.

Dr. William G. Le Boutillier, of New York City, in the *Annals of Surgery* for July, 1906, gives the followingg interesting points in relation to the post-operative comfort of the patient:

Thirst.—At the conclusion of an operation of any extent the patient receives at once an enema of hot saline solution, to which, if there is any shock, half an ounce to an ounce of whiskey is added. In the majority of cases the salt solution is given alone, as a matter of routine, to supply fluids. Such an enema is repeated every three hours until there is no thirst or the stomach is able to retain fluids and nourishment; or the pulse is of good rate and quality. The amount given varies from a pint to six ounces at each time, in any case being gradually reduced. These enemata of saline solution are usually discontinued before it is necessary to use an enema for the purpose of moving the bowels.

Beginning five or six hours after anesthesia is suspended, fluid by the mouth is allowed in moderate, and soon, in almost unlimited quantities. It is given at such temperature as the patient prefers. It is allowed, but patients do not, as a rule, ask for much. When the stomach contents are thick or very acid, water appears to act as a simple diluent so as to diminish the general discomfort and to reduce the frequency of efforts to vomit. From a suggestion of Dr. McCosh I have learned to permit the use of water freely instead of using the stomach-tube, even in cases where there is extensive peritonitis and considerable vomiting.

Patients suffer very little, sometimes not at all, from thirst, in such cases as previously were constantly begging for relief. It is believed that the elimination of the anesthetic occurs more quickly and that the secretion of urine is less interfered with.

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Stimulation.—In order to increase the general resistance to infection, early free stimulation is employed in addition to the saline and whiskey already mentioned. Subcutaneous injections of strychnine gr. 1-30 to gr. 1-20, repeated every three hours, are usually given for twelve to twenty-four or even thirty-six hours, after which the same drug is given by the mouth, until the patient's general condition is satisfactory.

Pain.—When there is a probability that there will be much pain, morphine is given before the effect of the anesthetic has passed off. It is repeated in sufficient doses to keep the patient comfortable. This is done even in cases of peritonitis. The results reported in cases of peritonitis when treated by Ochsner's method have shown the value of intestinal rest, and I do not hesitate to use morphine after operations to relieve all pain so far as possible. It does not appear that morphine impairs the blood or lympathic circulation of the peritoneum or intestines, and if it does not, I can see no contraindication to its use.

Laxatives.—Borrowing again from Ochsner's teaching, little magnesium sulphate is used to secure movements of the bowels. That salines have any specific influence on peritonitis does not appear to be the case. No attempt is made to have every patient's bowels move by a time-table, daily or otherwise. The wide individual variations in the frequency with which this function is performed, need not be worried about or altered because a patient has had an operation. The rectal tube is used in the customary way when necessary for accumulated gas in the cecum. Inflamed intestines have more time to rest when laxatives are not given for thirty-six to forty-eight hours. Then an enema is given; or an enema follows a single dose of calomel (grs. ii to iv), or some mild laxative, as, for example, the pill of aloes and mastich; or a laxative alone is given.

Posture.—The position of post-operative cases is changed frequently when mechanical conditions permit it. It appears to me to be as desirable to change the position of unconscious and weak surgical cases frequently, as it is to do so in cases of typhoid fever. In such cases, lying a long time on the back should be avoided as much as possible, particularly when they are unconscious, on account of the greater likelihood that in this position mouth secretions or vomitus may be inhaled. It may be questioned whether the imporvement in results noted, when Fowler's position is used, is not due rather to improved pulmonary and circulatory conditions than to modifications in the amount of toxin absorbed from the

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peritoneal cavity. I have never used Fowler's position, nor its opposite suggested by Clarke, of Johns Hopkins; but I do slightly raise the head and upper part of the body with a back rest, and frequently change the patient's position onto the side. With a sufficiently firm abdominal bandage, there has been no occasion to fear a reopening of abdominal wounds. Backaches and tender spots from pressure are very much diminished in frequency and in intensity.

Dressings.—The chief remaining source of post-operative pain comes from the dressings. Roughness and carelessness and lack of manual dexterity on the part of wound-dressers are errors that can be remedied. The patient usually knows what is done at the dressing, and from this is apt to form his own opinion as to the skill employed at the operation which he neither saw nor felt. When applying dressings at the close of an operation it is often wise to think of how they are to be removed, if the latter is to be done painlessly. When gauze is stuffed into a wound, its removal should be effected under an anesthetic, or delayed until it has been loosened from the tissues with which it is in contact. Drainage tubes and cigarette drains (gauze wrapped in gutta-percha tissue) can usually be removed practically painlessly. Ordinarily they do not need to be reintroduced and their former sites can be cleansed thoroughly without pain, by flushing with saline solution introduced through a small glass tube or a rubber catheter. It is needless to say that the patient should be comfortably disposed in a good light, and that injured limbs should be steadily held by assistants during the entire dressing. The plan for the new dressing should be prepared before any part of the old one is disturbed.

Rest.—In general, I endeavor to arrange the after-treatment of operative cases so that the patients shall not be disturbed at frequent intervals for various purposes. They need time to rest, and, if possible, should sleep a good deal. In most cases one can secure three-hour periods without disturbance for anything. The rest and the sleep (the latter secured by drugs when necessary), certainly favor the recovery of the patient.

Food.—Patients whose intestines are not worried by salines, and whose bellies are not distended by gas, are usually pretty ready to eat, and they are allowed food early in such quantities as they can take. Solid food often seems to agree better than liquids. Of course, while there is vomiting, and the stomach digests nothing, no food is given by mouth. The more septic the case the more need for feeding it, to increase the resistance to infection.

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Long staying in bed is not resorted to unless the patient is too enfeebled to do otherwise. The practice of getting post-typhoidal septic cases out of bed and feeding them, deserves careful consideration on the part of the surgeon.

It is of the utmost importance to adapt the treatment to each individual case, and abandon, so far as possible, purely routine treatment.—*Atlanta Journal-Record of Medicine.*

The Modern Management of Malarial Anemia.

One of the most obstinate forms of anemia with which the physician has to contend is that which succeeds malarial infection. This particular form of anemia is, unquestionably, due directly to the structural changes induced by the protozoon parasite.

While a mild form of anemia is a common, if not invariable, consequence of malarial infection, there is a severe type, termed *malarial anemia*, which not infrequently occurs. This latter variety usually responds slowly to curative measures; and, since its existence renders the individual a fit subject for recurring malarial manifestations upon the slightest exposure, the importance of its cure can not be too strongly emphasized.

The doctrine of the latency of malarial poisoning in the human body is rapidly gaining in popularity. Some authorities even go so far as to claim that a person who has once been inoculated with the malarial protozoa never completely recovers.

Whether this be true or not, it is certain that the protozoon parasite does exert an influence which tends, for a great length of time, to lower vitality and render feeble the powers of resistance to renewed attacks. This is especially true in the case of women, children and persons of advanced age.

Recent investigators unite in ascribing the cause of *malarial anemia* to the liberation of hemoglobin from the red corpuscles in the blood vessels. The pigmentation resulting from this liberation of hemoglobin is one of the characteristics of malarial infection. And while the coloring matter may remain in the blood stream, it usually infiltrates into the cells and neighboring tissues. The deposit of pigment is especially great throughout the tissue of the liver and spleen.

The thickening and softening of the mucous membrane of the stomach, which always attends malarial infection, seems likely to contribute, at least to some extent, to the development of anemia.

In every instance the degree of the anemia is in direct ratio to

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the amount of the hemoglobin liberated from the red corpuscles. And this fact explains the philosophy of effecting repair by the administration of iron, the hemoglobin-contributor.

Whether or not the protozoon parasite is ever completely eliminated from the economy remains an unanswered question. But it is now universally conceded that the protracted administration of iron does render the individual partly, if not completely, exempt from a return of malarial manifestations of an aggravated type. Far more so, in fact, than does quinine. Indeed, we have good cause to believe that iron does exert a destructive influence upon the malarial protozoa and increases the immunity of the individual.

While it is the chief aim of the physician to make up the deficiency of the hemoglobin in these subjects by the administration of iron, it is distinctly important, coincidently, to increase the appetite and augment the capacity to appropriate the food ingested.

To this end, discrimination in the selection of the form of iron to be employed is vitally essential. The acid solutions of the drug are ineligible because of the fact that they can not be engaged for a long period without harmfully affecting the secretion of the digestive juices and adding to the morbid state of the mucous surfaces of the alimentary tract.

Furthermore, the continued use of acid products of any sort are certain to diminish the alkalinity of the blood, thus depressing, to a very considerable extent, the nutritive processes. Then, too, headache which is an ever disturbing factor in these cases, is intensified by all substances of an acid reaction.

The strongly alkaline preparations of iron, while less objectionable than the acid ones, are open to fault for the reason that they induce constipation, and in this manner favor auto-intoxication.

By far the most effectual form of iron in the treatment of *malarial* anemia is that which is neutral in reaction and available for immediate absorption. The organo-plastic form of iron, as found in Pepto-Mangan (Gude), certainly fulfills the requirements of the physician with greater promptness and uniformity than any other product thus far evolved.

This preparation—Pepto-Mangan (Gude)—is by all means the most potent hemoglobin-producing form of iron, and it undoubtedly surpasses other ferruginous products as an invigorator of the digestive and nutritive functions. These assertions are easily confirmed by the microscope.

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It is also an accepted fact that Pepto-Mangan (Gude) does not induce constipation, and it seems to materially hasten repair of the mucous surfaces of the alimentary tract resulting from the structural changes incident to the malarial infection.

In short, Pepto-Mangan (Gude) is of inestimable value in the treatment of *malarial anemia* by virtue of its manifold advantages over other preparations of iron.

If this preparation is administered for the proper length of time, the individual gains substantially in strength, flesh, physical and mental energy.

Entero-Colitis.

BY O. W. COBB, M. D., EASTHAMPTON, MASS.

I was called last August to see an eight months' old boy who was said to be dying of cholera infantum. He had been treated by two capable men, both of whom agreed that the child could not possibly outlive the day. Every conventional remedy had been tried and the favorite methods of both men had been exhausted. They frankly admitted that all had been done that could be done. I found the patient almost moribund and displaying all the symptoms of a child dying of what I diagnosed as entero-colitis. The symptoms, to my mind, were classic, despite the previous diagnosis. The case was turned over to me at 9 A. M., August 7th. A trained nurse was already on this case. She is an unusually competent woman, in whom I have the most implicit confidence. Then began one of the hardest battles of some years in my practice. I ordered high enemas of Glyco-Thymoline in 25 per cent solution and warm. Used four ounces at a time with a soft rubber catheter, once every three hours. The child could retain nothing, was in frightful pain and passing constantly thin, foul-smelling discharges, tinged with blood. The child was emaciated to the last degree, and for several days before I was called had been in a semiconscious state. The poor little baby was a pitiful sight. For nourishment I ordered several combinations to be administered, an ounce at a time, as a rectal clyster following the enemas of Glyco-Thymoline.

I know it is not good practice to give hypodermics to an infant, but this was a grave case. My predecessor had ordered gr. 1-64 morphine, gr. 1-960 atropin, sub. q. every four hours if needed, with strychnine 1-240 gr. if necessary. I continued this, as the

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baby was often in intense pain, and there seemed to be no other way. This was my plan of campaign, and I am both thankful and pleased that it was successful. The baby improved from the first, but so slowly that it was scarcely discernible to the parents, but the nurse and myself saw it. After three days the child could take some nourishment per orem. I then gave 2 m. Glyco-Thymoline in one ounce of water every two hours before feeding. It began to have short periods of natural rest, and the discharges were in every way improved. At the end of a week, August 14th, the improvement was quite marked, but we did not relax our vigilance. The hypodermics, except of strychnine, were discontinued. The enemas were continued fifteen days, once every three hours, then at less frequent intervals for a month, then once a day for six weeks. The recovery of the little patient was long and slow, but uneventful. The mother and nurse were devoted and ably seconded my efforts. At this time the baby is a strong, rosy youngster.

It gives me great pleasure to tell you of this case. The experience may be of value, and it certainly proves, to my satisfaction at least, the potential possibilities of Glyco-Thymoline in gastro-intestinal work. May you be speeded in your good work.

The Treatment of Appendicitis.

C. H. Wallace, St. Joseph, Mo. (*Journal A. M. A.*, March 31), divides appendicitis into six stages: 1, Inceptive stage, first forty-eight hours; 2, rapidly progressing stage, third, fourth and fifth days; 3, non-progressing or stationary stage; 4, interval or chronic stage; 5, abscess stage; 6, the diffuse peritonitis stage. In the first of all these all surgeons and many internists agree as to the advisability of operation. In the second, few surgeons favor operation, and observation shows that it increases rather than lessens mortality. Here Ochsner's plan of lavage and peristaltic rest by rectal feeding is sound surgery. In the third, rest and a guarded diet is advised, the case should be allowed to pass on to the interval period. This, the fourth stage, is the time for hopeful and ideal surgery. In the fifth, or abscess stage, he prefers two safe operations rather than one dangerous operation, first opening the abscess and later removing the appendix. In the sixth stage he believes that the least manipulation means the least mortality; simple incision with effective drainage with Fowler's position is the most hopeful treatment. Wallace summarizes his

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views as follows: "I believe, with the mind open for conviction and liable to complete reversal by future advancement, that: First. Appendicitis is always a surgical disease. Second. Every patient should have and is entitled to operative measures within the first forty-eight hours. Third. The rapidly progressing stage is the stage of applicabilityy of the Ochsner treatment, and this offers the lowest mortality. Fourth. In cases coming to the surgeon with evidence of gradually subsiding symptoms, operation should be deferred to a more favorable period. Fifth. Operation should be urged in every interval or chronic stage. Sixth. In abscess cases two safe rather than one hazardous operation should be done. Seventh. In diffuse peritonitis all dependent cavities should be carefully incised and drained and not flushed, and, secondarily, the offending organ should be removed.

Averaging Things.

He prided himself on his morality and expected to be saved by it, and was constantly saying, "I am doing pretty well on the whole. I sometimes get mad and swear, but then I am pretty honest; work on Sunday when I am particularly busy, but I give a good deal to the poor, and never got drunk in my life."

This man hired a Scotchman to build a fence around his pasture lot. He gave him very particular directions. In the evening when the Scotchman came in from work the man said:

"Well, Jack, is the fence built, and is it good and strong "

"I canna say it is all tight and strong," Jack replied, "but it is a good average fence anyhow. If some parts are a little weak, other parts are extra strong. I do not know but I have left a little gap here and there a yard or so wide, but I have made up for it by doubling the rails on each side of the gap. I dare say the cattle will find it a good fence on the whole, and will like it, though I canna say it is perfect in every part."

"What!" cried the man, not seeing the point; "do you tell me that you built a fence around my lot with weak places and gaps in it? Why, you might as well have built no fence at all. If there is one opening, or a place where an opening can be made, the cattle will be sure to find it, and will be sure to go through. Don't you know, man, that a fence must be perfect, or it is worthless?"

"I used to think so," said the man, "but I hear you talk so much about averaging matters with the Lord, it seems to me we might try it with the cattle. If an average fence will not do for

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them, I am afraid an average character will not do in the day of judgment."—*Selected.*

An Inspection Tour.

I saw them kill a beef or two. It was a painful sight—
The man who killed them was so rude and not at all polite;
He did not bow or scrape at all, which seemed to me so queer,
Before he picked the hammer up and slugged the handsome steer.

I saw them take the lives of pigs, alas! they were so rough!
The man who used the knife appeared to me to be a tough;
He was not dressed in latest styles; he was no college man,
And everything he did, you know, was on an uncouth plan.

I saw some blood upon the floor—it was a grewsome sight!
The squealing swine, I must confess, put me in quite a fright;
I did not like the smell I found in fertilizing rooms,
And in the windowsills there were no boxes filled with brooms.

There were no carpets on the floors, nor pictures on the walls,
And lots of men I saw that day were wearing overalls;
And some were spattered up with blood and some with salty brine,
And not one fellow in the lot possessed a decent shine.

There were no parlors for the men to rest them in at noon,
Which you should every one admit would be a precious boon;
There were no rocking chairs for girls, no footstools for the men,
I also looked in vain to find a cozy corner den.

I saw no toilet soap and such, and powder for the girls,
No mirrors on the walls where they might go and fix their curls,
It was a barren place, indeed; quite crude I must declare,
I nearly fainted when some blood got spattered on my hair.

Some rooms were chilly as could be and others very warm,
Such things as this it seems to me are ripe for much reform;
If college men were put to work as bosses I am sure
These packing houses would soon be all spick and span and pure.

They'd chloroform the steers, you know; electrocute the sheep,
And just before they killed the sheep, they'd put them all to sleep;
If college men were at the helm, I solemnly repeat,
They'd have good surgeons in the house to cut up all the meat.

—*Will Reed Dunroy, in Chicago Chronicle.*

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SUPPRESSION of urine in infants is extremely rare, and in any case in which the child is unable to pass its urine it is far more likely that there is some congenital source of obstruction. The existence of this should be determined by the prompt introduction of a soft rubber catheter.—*Int. Jour. of Surg.*

Publisher's Notes.

Eusoma (Echinacea Compound).

In *eczema, dermatitis,* and all *irritable* conditions of the skin, the local application of Eusoma is very comforting to the patient; *relief* of the intolerable itching is almost *immediate* and aids materially in effecting a cure.

Clean wounds always heal without suppuration and *infected wounds* quickly become clean wounds when Eusoma is used as a dressing. Internally, Eusoma is indicated in all conditions of dyspepsia.

Write for sample and descriptive matter with formula.

THE EUSOMA PHARMACEUTICAL CO.,
Cincinnati, O., U. S. A.

NEW ORLEANS POLYCLINIC. — The twentieth annual session opens November 5, 1906, and closes May 18, 1907. This school is intended for practitioners only. All instruction aims to be *clinical* and *practical,* and to this end, use will be made of the vast facilities offered at the great Charity Hospital, at the Eye, Ear, Nose and Throat Hospital, and at the special clinics to be held at the Polyclinic.

Physicians in the interior, who, by reason of their isolation, have been deprived of all hospital facilities, will find the Polyclinic an excellent means for posting themselves upon the status of the science of medicine and surgery of the day.

Those desirous of perfecting themselves in any special department or of becoming familiar with the use of any of the allied branches, such as electricity or microscopy, will be afforded every facility.

For information, address NEW ORLEANS POLYCLINIC, P. O. Box 797, New Orleans, La.

The Rationale of the Use of Iron in the Treatment of Phthisis.

It is a singular, yet significant, fact that, with the exception of a single disease, there is always a slight diversity of opinion among

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physicians as to which one of a number of agents exercises the greatest curative influence upon a given disorder.

The one exception is phthisis. The entire profession is united in the conviction that pure air, more than any other one factor, exerts a controlling influence upon the development of phthisical manifestations. Indeed, physicians concur in the opinion that, with the proper quality and quantity of atmosphere, this most widespread and fatal of all human maladies can oftentimes be cured.

While the beneficial influences of climate upon phthisical individuals has long been recognized by the profession, a perfect understanding of the exact manner in which atmosphere arrests the progress of the disease is a comparatively recent acquisition.

The opinion at one time obtained that mountainous and elevated districts were beneficial to phthisical subjects on account of the elevation alone. Recent investigations have disproved this theory. It is now an accepted fact that elevation, per se, is of little or no importance. On the contrary, the seashore is ofttimes better adapted to phthisical individuals than regions of a much higher altitude.

While it is true that the higher the altitude, the less prevalent is phthisis, the explanation is that atmospheric impurities are less abundant and ozone is more plentious in such regions than elsewhere. In other words, it is conceded that the absence of atmospheric impurities and the presence of ozone are the chief elements in the cure of phthisis, and that any section, high or low, which affords these elements is advantageous to the phthisical individual.

The benefits derived by consumptives from living in or near forests, is a matter of common observation. The turpentine exhaled from pine trees converts oxygen into ozone, and the atmosphere is thus purified by the process of oxidation.

Having repeatedly proved that the direct inhalation of ozone is of little, if any, benefit, we are forced to the conclusion that it is not ozone which arrests the progress of phthisis, but the systemic oxidation which is brought to the maximum by the inhalation of a perfectly pure atmosphere.

In fine, we are now agreed that if systemic oxidation can, in any manner, be maintained at the proper standard of activity without exhausting the vital forces of the subject, the progress of phthisis can be checked, and very frequently completely cured.

Although the benefits derivable by phthisical individuals from an atmosphere that is conducive to a full measure of systemic oxidation are immeasurably great, the fact remains that it is not always within the power of the physician to induce the patient to move to a region affording such an atmosphere. The patient may, through inability to pursue his vocation, be financially unable to make a change of residence, or he may be influenced by the optimism peculiar to phthisical subjects, to postpone the change until the disease has progressed too far.

When, for any reason whatever, it is not possible to change the abode of these subjects, it is within the power of the physician to

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check the progress of the disease by the augmentation of systemic oxidation.

While all forms of iron increase systemic oxidation by converting the oxygen in the economy into ozone, the mucous surface of the alimentary tract of phthisical subjects is usually too enfeebled to absorb iron unless it is presented in the organo-plastic form. For this reason, Pepto-Mangan (Gude) invigorates the digestive functions and increases the nutritive processes most markedly. The appetite of the patient is improved, the wasting is arrested, and the vital resources are greatly enlarged by the continued employment of the preparation.

MEDICAL BOOKS.—I wish to announce to the profession — the reading members thereof—that I am handling Saunders' medical works, and that if you need anything in my line before I call on you, I am prepared to give prompt attention to mail orders. I keep a full line of the latest and best works with Purdy Bros. of Houston.

Respectfully,

Houston, Texas. IRA J. HAYNES.

A GOOD REMEDY IN MANY CONDITIONS.—Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Institute, Atlanta, Ga., in a recent article states, that the combination of drugs, antikamnia and codeine in the form of "antikamnia and codeine tablets," which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely: bronchitis, laryngitis, phthisis, whooping cough, hay fever and grippal affections. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains 4¾ grains of antikamnia and ¼ grain sulph. codeine. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. In the various neuralgias, and in all neuroses due to irregularities of menstruation this tablet affords immediate relief, and the relief is not merely temporary and palliative, but in very many cases curative. The dose most satisfactory is one tablet every half-hour until four are administered.

AN IDEAL PREPARATION OF CREOSOTE.—Every physician has occasion from time to time to want to prescribe creosote in its purest form, and a preparation that is thoroughly reliable and that is well borne by the most delicate stomach. Such a combination has happily been prepared and is sold under the name of Neegaard's Compound Syrup of Creosote, which is a combination of creosote with the hypophosphite and is particularly indicated in those tubercular conditions and bronchial asthma, chronic coughs, etc., where it is

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necessary to give a preparation of this character for some length of time.

Any one interested in this most excellent preparation and wanting something that they can depend upon, would do well to correspond with Mr. Charles Wylie, 936 Sixth Ave., New York.

AFTER MANY DAYS.—That "honesty is the best policy" is strikingly illustrated by the relation of Scott's Emulsion to the requirements of the new Pure Food Law.

At the present moment the manufacturers of preparations which contain alcohol or harmful ingredients, are greatly worried at being compelled to come out into the open and change their formulas, or state the harmful ingredients on their labels.

Scott's Emulsion, on the other hand, pursues the even tenor of its way, undisturbed and unruffled. It has always anticipated the new law, in that it never contained any harmful ingredients. Consequently no change of formula or label is necessary.

Through forcing alcoholic or harmful ingredients to be mentioned on the labels, the new Pure Food Law frees Scott's Emulsion from a tremendous amount of competition.

Thirty years of square, honest manufacture is rewarded by the fact that Scott's Emulsion is not only not hindered, but is actually helped by the Pure Food Law.

The Treatment of Cough.

Cough, regardless of its exciting cause, is a condition that every physician experiences more or less difficulty in relieving. While the agents designed for its relief are numberless, it is a matter of common knowledge that but few of them are of general utility, for the reason that, although they may be capable of effecting relief, in doing so they either derange the stomach, induce constipation, or cause some other undesirable by-effect.

The ideal cough cure must combine sedative and expectorant properties without exhibiting the slightest system-depressing, gastric-disturbing, constipation-disturbing or palate-offending action. Nor should it contain any ingredient the prolonged use of which would cause a drug-habit. Then, too, it must be of sufficient potency to produce the desired effect with the utmost promptness, for, in many instances, the patient has indulged in self-drugging to a certain extent before consulting the physician; hence, it is directly to the interest of the practitioner to demonstrate his skill by immediately relieving the disturbing condition.

It is now universally conceded that Glyco-Heroin (Smith) is the ideal cure for coughs of all varieties. This product embraces the most active sedatives and expectorant agents in the exact proportions in which they exhibit their greatest remedial potency. It matters not what the exciting cause may be, the effect of his prep-

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aration is always immediate, pronounced and extremely agreeable. The cough is almost instantly suppressed, the expulsion of the accumulated secretions is stimulated, respiration is rendered free and painless, and the inflammation of the lining of the air-passages is speedily allayed by its use.

Glyco-Heroin (Smith) may be administered for an indefinite length of time without any depreciation in its curative properties and without the induction of a drug-habit. It is of especial value in the treatment of pulmonary phthisis. It is pre-eminently superior to all preparations containing codein or morphin.

Severe Neurasthenia Dependent Upon Anemia.

BY ISAAC MAYHUGH, M. D., INDIANAPOLIS, IND.

The following case history is interesting for two reasons: First, because the unusually severe neurasthenic symptoms, amounting almost to a decided melancholia, seemed to be entirely due to the patient's anemic condition; and second, because of the prompt and progressive improvement, with increase in weight, which commenced almost immediately after the institution of systemic treatment with Hemaboloids, although the various tonics and alteratives continuously administered during the first four months in hospital failed to be of any service.

M. T., age 40; female, white, married, housewife.

Family history: Father was a soldier in the War of the Rebellion; received some injury about the head from which he suffered temporarily periods of insanity lasting from a few days to a week. At such times he was irrational and sometimes violent; died in the insane asylum at the age of 70. Previous to the war was perfectly well.

Mother died of cancer of the intestine at the age of 65. Previous health good, with the exception of an occasional derangement of digestion.

One brother and one sister living, in good health. One brother and one sister dead.

Personal history: Patient had ordinary diseases of childhood, with complete recovery from each. Never had a serious illness. Menstruation at 16, painless and regular. Married at 33. Three children. No miscarriages. Labor in each childbirth normal.

Present trouble: Patient complains of palpitation of heart, dizziness and loss of appetite, with periods of depression and worry over trivial household affairs. Three months after delivery, she sought medical advice and was admitted to the Union State Hospital February 11, 1900.

Physical examination: Height, five feet four inches; weight, seventy-nine pounds. Anemic, wasted, dilated pupils and dry, cold skin. Lungs normal.

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Pulse rapid, soft, compressible. Systolic murmur in second interspace. Hemic murmur in right side of neck over jugular vein. Spleen enlarged. Liver normal.

Tongue coated, pale, flabby. Bowels sluggish and constipated. Patient refused all food, and attendant was compelled to feed by force.

Patient is also troubled with insomnia, bodily enfeeblement, and numerous disagreeable sensations. Reflexes exaggerated. Gait normal. Station unstable. Eyes normal. Urine clear. Specific gravity, 1008; reaction acid; albumin present in small amount; sugar, none; urea, 8-10 per cent.

Blood examination: Color, index low. Hemoglobin, 60 per cent. Red cells, 2,500,000; white cells, 14,000.

Diagnosis: Neurasthenia, due to anemia.

Treatment: Rest in bed; massage; electricity; liquid diet. Patient fed every three hours. Arsenic acid; elixir of iron, quinin, and strychnin. No improvement.

Hemaboloids one-half ounce in half-glass of milk three times a day was commenced June 20th.

Date.	Weight.	Hem.	Number of Red B. Cells.	Number of White B. Cells.	Medication.
6-20	80	60%	2,800,000	12,000	Hem., ℥ ss. tid.
7-20	85	65%	3,000,000	10,000	Hem., ℥ i tid.
8-25	91¾	70%	3,200,000	9,500	Hem., ℥ i tid.

Patient continued to gain in weight, strength and general well-being; the nervous symptoms cleared up entirely, and on September 30th she was discharged, perfectly well. — *Denver Medical Times.*

THE following case of *skin grafting* may prove interesting. The patient, Bessie R., aged 18 years, while carrying a lamp upstairs, fell. The lamp ignited the clothing, and before the clothing could be taken off the patient was severely burned on the inside of both legs and thighs. A doctor, while passing, was called in, and applied carron oil. He was subsequently discharged and another doctor called, who treated the case first with various ointments, the names of which the patient could not recall.

I was called in during the illness of the attending physician, and after consultation with him I prescribed ichthyol. The recovery was not as rapid as I considered should be the case, and on dressing the patient one morning I discovered a number of blisters on the adjacent whole skin. These I raised, and tearing off as large flakes of the epidermis as possible, grafted them onto the granulating surface of the burn. In place of the usual rubber protective I applied dolomol-aristol 10 per cent, and smoothed the powder with a bit of cotton used as a powder duster. The following day the grafts had all taken with two exceptions, and the process was continued every day for nearly two weeks, until the whole surface had been covered by the grafts. The surface covered by grafts in-

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READ THIS, DOCTOR!

(An extract from a letter sent by a prominent physician to the proprietors of SCOTT'S EMULSION)

"The physician's treatment of the patient has but one of two results: either the death or recovery of the patient. Fortunately for all concerned, the great majority recover. Recovery is synonymous with convalescence, and convalescence means the rebuilding of the depleted tissues and the rejuvenation of the blood. *This can best be done with a highly nutrient, but easily digested, non-alcoholic product such as SCOTT'S EMULSION.*

"Remind the doctor that alcohol is an irritant in convalescence and that, consequently, foods and tonics containing a large percentage of alcohol are not indicated, but that, *Scott's Emulsion being non-alcoholic*, meets all the requirements.

"I believe if you remind the doctors of the freedom of your product from alcohol or harmful ingredients that you will be astonished at the enthusiastic backing you will receive from the medical profession of America."

Absolutely No Alcohol **No Harmful Ingredients of Any Kind**

The Pure Food Law is the greatest possible help to

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We have issued this book in response to a constantly increasing demand for suggestions on the feeding and care of the child between the ages of one and two years.

We believe you will find it a useful book to put in the hands of the young mother.

The book is handsomely printed, fully illustrated and is bound in cloth. We shall be glad to furnish you copies for your patients entirely free.

For your convenience we print below a coupon.

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Mellin's Food Co.,
Boston, Mass.

Please send me a copy of your illustrated book, Diet after Weaning.

Yours very truly,

_____ *M.D.*

_____

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cluded the whole of the inner side of both legs, including the ankles, thighs, and also the vulva.

One month from the time I began to use the epidermis for grafts my patient walked about and was discharged, cured.

I found the dolomol-aristol 10 per cent far superior to any rubber protective, as it is thoroughly antiseptic and does not produce too much heat, a point always to be careful of in doing a skin graft. Since that case I have used the preparation a number of times on similar cases and always with uniform success.—*Fred T. J. Adams, M. D., Bridgeport, Conn., in New York Lancet.*

The Chautauqua School of Nursing, Jamestown, Y. N.

This school gives instruction in the practical application of the art of nursing. It was incorporated in 1902 in the belief that there is a large and well defined field for the practice of nursing by intelligent and well-taught women who, while unable to undertake hospital training, are nevertheless well qualified to supersede "that busy and harmful class, without any training whatever, who are such a bane to the doctor and a detriment to the patient."

Four years of active work in carrying out this basic principle justifies our claim, and this school is now represented by a large body of practicing nurses. These women have first mastered, by home study, a course of weekly instruction the preparation of which has enlisted an expenditure of time and money never before devoted to a similar work, and have then applied their practical instruction in actual contact with cases under the physician's directions.

It is not our claim that this institution can ever supersede the work of the hospital training school, or that our students are able to enter the profession on equal footing with the nurse of hospital training. On the other hand, only one nurse in ten of those professionally practicing at the present time had hospital training (U. S. Census). It was with the belief that the standard of this large body of women could be raised by a course of systematic study, that this school was instituted.

The radical change in the sentiment with which the general public and members of the medical profession now regard this efficient type of practical nurse is in large part due to the work of this school, which, within its prescribed limits, must of necessity make for the best good of the untrained nurse, the physician and the community.

A well taught nurse can most ably supplement the efforts of the physician, and we appeal to the latter that he may inform himself of the practical value of the work conducted by this school.

We are seeking publicity in this manner, confident of the cooperation of the physician who becomes informed of our aims and methods. Complete particulars and a synopsis of our courses will be mailed to physicians upon application.

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The Obstetrician.*

BY J. F. CORRY, M. D., ROCKWALL, TEXAS.

The Anglo-American of the United States is essentially a new race of mankind. A Teutonic branch of Indo-European family, the Americans are the offspring of the mingled bloods of those Germanic tribes that first laid the foundations of the aristocrats of modern Europe. Born and bred on the virgin soil of the New World, a citizen of the most powerful democracy on earth, educated in all the principles of a representative form of a free government, the American is by nature, habits and opinions a race peculiar, unique, isolated, proud of his origin and proud of himself.

But the most distinguishing feature in the character of this highly civilized and enlightened race is the estimation in which woman is held. In no country in the world does woman occupy a loftier position than she does in the United States. It is a recog-

*Read before the North Texas District Medical Association, Dallas, Texas, 1905.

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nized fact that the moral and intellectual superiority of American womanhood has much to do in promoting the singular prosperity, the growing strength and wonderful civilization of our great commonwealth.

Reason and the evidence of experience teach us that no people can long remain free without morals, and morals are the natural work of woman; therefore whatever affects the condition of the women of the country, affects the whole people. For this reason no nation is more careful of the manner in which the women are educated than is the United States.

The great object to be accomplished in female education is to strengthen will power, arm reason and establish self-confidence, in order to successfully combat the evils and avoid the dangers of our questionable and ever changing society. It is true that her academic training is primarily devoted to the acquisition of power to discover truth, form character and to do; but to the American girl, very early in life the doors to the great screen of the world are thrown open, and she is allowed to view its virtues, its vices, its good and its bad, its noble and its ignoble, for herself. In the period of her growth she passes from under strict maternal care and is surrendered to her own guidance, to think for heself, to speak with freedom, to act on her own impulses. The irregularities of society are never hid from her, but rather she is allowed to know them and at once to train herself to shun them; hence it is argued that the American system of female education tends to invigorate the judgment and ripen the understanding, that society may be more tranquil and the objects of life better regulated. But at this point it may be asked with propriety, are the objects of female life better understood? I answer they are not. The very nature of her education, her free and unrestrained observation of the world, the absence of the gentle influence of maternal training in the home, all inspire so many of our young women to leave the legitimate paths of womanhood and aspire to seek fame and fortune in various callings and professions of men, and thus to an extent, at least, rob domestic life of its greatest charms and its legitimate interests.

All nature proclaims that the source of the married woman's happiness is in the home of her husband. When the time comes for the American woman to choose a husband, by virtue of her education, she is taught that the spirit of levity, the independence and the amusements of the girl can not become the recreation of the wife. And in like manner she should also realize that the sterner duties and realities of life are appointed unto man. It is the tendency of all civilized peoples in this age to raise woman more

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and more to be the equal of man. This is right, but at this point I wish to make myself clearly understood, for this Association knows that no department in the practice of general medicine has suffered more from the coarser superstitions and, I might say, the lawless fancies of the ages gone by than the department of Obstetrics. The young motherhood of the country has suffered untold miseries and unnecessary and criminal loss of life; that vital statistics have been greatly abrogated by the ignorance and malpractice of the obstetrician. I wish to emphasize that I am in full sympathy with any and all means possible to raise woman to an equality with man, but I maintain that any attempt to make woman like man is a travesty on nature.

When we give to both sexes the same functions, impose the same duties and grant to both the same rights; when we indiscriminately mix them in their occupations, their business and their pleasures, we unsex the woman and degrade the man. In other words, any attempt to create by law, or otherwise, a medley of the designs of nature, which are so clearly outlined in the distinctions drawn between the sexes, the result will be a monstrosity, and ultimately will lead to weak men and disorderly women. It is a demonstrated fact, since nature has appointed such wide difference between man and woman in their physical and moral constitutions, that she never intended them to follow the same avocations in life, but that each of them should exercise their various faculties in performing their respective tasks and duties of life in the best possible manner. I hold the opinion that in this particular the great law of political economy that governs in the distribution of labor should be applied to the sexes, and carefully divide the duties of man from those of woman, in order that the great purposes of life may be carried out.

Nature in the eternal fitness of things has traced two clearly distinct lines of action for the two sexes, who are made to keep pace with each other, but in two pathways which are different. As a rule women are never seen managing the outward concerns of the family, or conducting the great commercial offices of the nation, or taking part in political life. Indeed we do sometimes meet with women who exhibit a masculine strength of understanding and manly energy, and even show that they have the heart and mind of men; nevertheless they preserve that delicacy and individuality, and retain those refined manners that commend them to the respect entertained for the moral freedom of woman. However, the inexorable law of public opinion circumscribes the exercise of that freedom to the moral functions of life, the domestic interests and duties of the home, and forbids her to step beyond them.

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It is supposed that every association, occupation or business of life must have a head in order to accomplish its object, and both nature and revelation clearly designate man as the divinely appointed head. Then I ask, with all due respect to the other better informed judgment, can we afford to make an exception in the practice of Obstetrics and all it comprehends? On this point I would especially call the attention of this intelligent college of physicians and insist, all things considered, that the functions of this particular department of the practice, is peculiarly the field of man, and man only. "When the fullness of time is come," it is indeed a crisis in the life of every mother; it is the crucial hour when that wonderful tripartite mechanism of the hand of Nature, physical, mental and moral, is called into question; the crucial moment when implicit confidence as a reassuring agency, should be consciously felt in the efficiency of the obstetrician.

At the bedside of the patient in labor, not only are the material agencies and appliances necessary required to be in readiness, but the obstetrician must remember that the natural and acquired characteristics of his professional life, his individuality and mannerism has much to do with a successful accouchement. He should not forget that the whole mental and moral being, as well as the physical, are involved in the processes of childbirth; that the whole panorama of the scenes in Eden are passing before the mental vision of the patient; that sin brought on the multiplicity of conception and God has said: "In sorrow thou shalt bring forth children." At this extreme moment the general bearing, the dignity of conscious ability and the individuality of a man are more effectual than all that is contained in Materia Medica. It is indeed the decisive moment for the inspiration of hope. To whom, then, is it most natural, so far as human agencies are concerned, would the frail mother look for succor, her expectation at its highest tension and the nervous system fluctuating and doubtful, with more confidence than to man—God's vicegerent on earth?

The obstetrician is supposed to be a man, master of his profession, cultured, with dignity of manners, well bred and of irreproachable virtue. To such a character in the hour of travail, the patient may well turn and take courage. If Dame Nature does her part all is well; but, on the other hand, if the conditions are abnormal and the surgeon and the scalpel called in question, it is unnecessary for this paper to say who should be the obstetrician.

One other remark in reference to the practice laws of the State and I am done. I hold with the opinion that all laws affecting the practice of general medicine should be uniform; however, they

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should be in conformity to natural law. And again, the careless manner in which legislators treat the suggestions and opinions of the medical profession, regarding necessary laws for the protection of the life and health of the State, and especially on the subject under consideration, is first, that the lawmakers have no conscience over the mother; they are as ignorant and as superstitious on the importance of the protection of the nation's motherhood as are their constituents, whom they fear. Secondly, in the United States those who engage in the perplexities of the political life, are, as a rule, persons of very moderate pretensions; so it frequently happens that when a man discovers his incompetence to successfully conduct his own private affairs he is ready to undertake to direct the fortunes of the State.

The Cause of Insanity.*

BY J. R. NICHOLS, M. D., TERRELL, TEXAS.

The determination of any pathological invasion requires the investigation of its cause, however, this is not always necessary in applying measures for its elimination. It is not within the province of our present methods to receive an accurate ancestral and personal history of every case of insanity; therefore, its cause is frequently unknown. Approximately 75 per cent of the psychoses spring from heredity, either direct or indirect, which clearly indicates that it is the most potent predisposing cause. It is tedious to trace the source of heredity, because of the sensitiveness of those that are in position to give the desired information, due naturally of course to keeping of family secrets; in such instances the cause of insanity is not ascertained. Again it is presumptious to expect all persons to know or remember the ancestral and personal history for three or four generations and tell whether any variety of heredity existed, which establishes an unknown per cent of the predisposing causes.

Medical examiners for life insurance companies appreciate fully the ignorance of our citizenship along this line and know that many of the answers to the interrogatories are merely conjecturing. It is a fact that all of the alleged causes of insanity, as printed in the reports of the hospitals for the insane, are not presumed to be correct and in many instances are undetermined. Their careful exam-

*Read before the North Texas District Medical Association, Dallas, Texas, 1906.

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ination shows nearly every disease has contributed to the etiology of insanity. It is well to emphasize the point that insanity is by far the most hereditary disease known at this time; and is traced from ancestors to ancestors, frequently skipping a generation, or it may spring from the indirect class, as organic nervous diseases and the neuroses; from alcoholism; from strenuous, gouty and syphilitic diathesis. It thus can be understood that an unstable nervous organism is engendered, which at some stage of life will culminate in psychoses.

There are other predisposing causes, as age, sex, civilization, racial and occupation, however, they will not be considered in detail and will be passed by saying that only a very small per cent enter into its etiology.

The exciting causes or stresses are too numerous to mention and attention will only be directed to those that are the most generally recognized. It is reasonable to suppose that excellent health and an anti-hereditary family history for generations back, will, in a measure, establish immunity to the vicissitudes of life; whereas, unstable nervous organisms can not withstand the stress of this age, especially the spirit of commercialism, which was not so evident a century ago. The moral causes deal with that faculty of the mind pertaining to feeling; therefore, the most common are domestic trouble, bereavement, disappointed affection, business reverses, shock and fright. These inculcate worry and anxiety, which if not relieved, terminate in mental strain. Such conditions are prone to psychoses in those individuals with an unstable nervous system.

There are many physical causes and the list is too long for all of them to be enumerated. There are certain epochs in the lives of women which are designated critical periods, as adolescence or puberty, pregnancy, lactation, menopause and the decline of life. These are potent exciting causes of mental disease in those that have a predisposition. These periods produce physiological changes in the human economy, thereby causing quite a disturbance of the functions of the nervous system. In man, adolescence and decline of life is the same as in women, however, they are more susceptible to dissipation, intemperance and traumatisms.

The absorptions of the various toxines has been demonstrated beyond doubt, as from alcoholism, morphine, cocaine and chloral. One of the most important is the impairment of nutrition from gastro-intestinal autointoxication, as result of disease of this tract and accessory organs; also infections from disease and syphilis. The exhaustive states as caused from protracted illness of any kind enter into the causation of insanity. They produce a neurasthenoid

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state and act by destroying the equilibrium of metabolism. Insolation or sunstroke are also etiological factors, especially during the heated term. The extreme high temperature with diminished regulation of the animal heat, produces an active congestion of the brain. Other physical causes are sexual excesses, influenza, surgical operations, physical shock and traumatisms, especially those pertaining to the cranium. Gynecological diseases are not pronounced factors in the causation of insanity, although sometimes the removal of the ovaries, tubes or uterus is performed for relief when nothing but a neurosis exists; however, such radical measures are indicated in those cases of positive pathological origin and when such invasions are terminating in exhaustive states.

There are other exciting causes of insanity but the list is too long to enumerate each and expatiate why they are so recognized. All statistics show a much lower per cent of heredity than reality, because it is not possible for investigators to procure the family and personal history of each case. The doctor is frequently asked what is the cause of insanity and if a positive answer can not be given, then it is necessary to detail in a general way the predisposing and exciting causes, stating that probably a weak nervous system was inherited which would not withstand the stress of life. It is well to remember that insanity may be produced by several causes, which if acting singly, no material impression would be made.

In conclusion it can be practically said that heredity and stress are the two great factors that originate insanity. It is a source of much gratification to the medical profession to note the interest that the thoughtful citizenship of this nation is taking in shaping sentiment for the better protection of the masses from epidemics and hereditary diseases. All observers agree that insanity is on the increase and that the leading predisposing cause is that of heredity. The remedy is education of the people by advocating reforms, which, if enacted into statutes, will prevent to a great degree the transmission of the different diathesis, if enforced to its fullest extent. Such enactments would lessen the annual fixed and increased charges on the public purse, besides the good to be derived from the improvement of the body and mind of succeeding generations.

NELL—"She has an automobile tongue."

Belle—"What do you mean?"

Nell—"Oh, she's always running other people down."

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The After Treatment of Abdominal Operation. *

BY J. T. WATSON, M. D., DALLAS, TEXAS.

It is not the intention of the writer to attempt to teach the medical profession something new or strange, but to try to say something to bring out a discussion on the after treatment of abdominal operations, for we have had at various times free discussion upon the technique and proper time to operate, etc., but very little has been said upon the after treatment, for no small part of the success of all abdominal operations depend upon the after treatment, so we begin at the operation table.

As soon as the patient is returned to bed, she is placed flat on her back with little or no pillow for a few hours until the effect of the anesthetic has passed away. Then a small pillow is allowed at first, increasing the pillow several hours afterward, or as the condition of patient as regards circulation and respiration; then external heat is applied about the patient to bring about a reaction as quickly as possible. Thirst is most always distressing for the first twenty-four hours. It can be relieved by allowing the patient to flush out the mouth frequently with soda water. Nothing is given the patient to drink until the feeling of sickness due to the anesthetic is passed, but after that a few sips of water are given at first. If this is retained and there is no nausea the quantity may be increased; forty-eight hours free from vomiting or nausea, a couple of pints of fluid may be given during the day. I don't think the patient should be stinted in the matter of fluid as was once the universal practice. Milk, tea or soup should be given first and that as hot as can be borne. The giving of solid food should be withheld from five to eight days according to the condition of the patient and the nature of operation. If the fluids are withheld as was formerly the custom the amount of urine excreted is often very small. The excretion of urine is always diminished after any abdominal operation, but more than a pint should be passed in the first twenty-four hours. I don't like the catheter idea as a rule, but if there is difficulty in voiding urine a hot fomentation will be helpful. If no urine is passed at the end of twenty-four hours and the patient is uncomfortable, the catheter is then resorted to, with all the usual precautions as to cleanliness. Rectal injections of hot saline solution should be given at stated intervals for twenty-four to

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forty-eight hours, or until the patient is getting a fair quantity of fluids by the mouth: Of salt one teaspoonful to a pint of sterile water and ten to fifteen ounces every four hours seems to meet the requirements.

If flatus can not be passed freely a little turpentine may be added to this, or the rectal tube may be passed with decided benefit for the passage of flatus.

If the stomach becomes distended with gas it may prove a very troublesome factor and should be relieved as speedily as possible. The administration of a large dose of asafoedita or a few drops of turpentine or chloroform sometimes act very nicely, but in some cases all medication fails to relieve this distressing condition, then the stomach tube should be resorted to. The abdominal bandage is generally applied very firmly on the operating table for two reasons, the blood pressure is somewhat raised thereby and it also gives good support to the abdomen should there be vomiting. If the pain is very severe after an operation accompanied by shock a hypo. of morphine (¼ gr.) and Atp. (1/100) should be given and repeated if necessary. I think morphine should be avoided if possible, and in some cases it can be avoided, but if given when necessary, and that with the immediate sanction of the surgeon himself, is of great benefit. It is a most valuable drug, but rarely needed. Usually when the first twenty-four hours have passed the need for a sedative is over in most cases. During the whole time that the patient remains under treatment after an operation the most careful attention should be given to the toilet of the mouth. The teeth should be brushed frequently with some fragrant mouthwash. If the mouth is kept clean the thirst is less noticeable.

When drainage is employed the gauze or drain tube will need daily attention for cleaning and replacing. If granulations are slow and feeble silver nitrate, 40 gr. to the ounce, painted over the margin of the incision, will aid granulations very much. Equal parts of castor oil and balsam Peru applied on gauze back is also very valuable for sluggish granulations and makes a very nice and comfortable dressing.

If there is elevation of temperature at any stage, and we have reason to suspect sepsis, the bandage should be removed and an inspection made, and if stitch abscess exists the statch should be removed at once to allow drainage. If there be no stitch abscess and yet have an elevation of temperature then we should try to get the alimentary tract to work at once; for this magnes. sulph. in small and repeated doses and calomel in one grain doses dry on the tongue one hour apart if the stomach will tolerate it. If the

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stomach will not tolerate any form of medicine the high enemas should be at once instituted and repeated every two hours until results are obtained. Some times, I am sorry to say, it is all in vain, for we sometimes fail to get the results, then it is a bad day for the patient and also for the doctor, but fortunately the majority of cases do yield to the treatment I have outlined. The time during which a patient should be kept in bed varies of course considerably, not only in different operations, but in different patients upon whom the same kind of operations have been performed. It seems that it is a general custom to keep all patients in bed much longer than is necessary, but as no hard and fast rule can be laid down to suit every case, the discretion of the surgeon must decide the practice in each individual case. All that can positively be said is, that provided all symptoms are favorable and good union of the wound, the abdomen may be well strapped with adhesive strips transversely. To give additional support the patient may be allowed to sit up in an easy chair at the end of two weeks. Patients who have always been strong and accustomed to plenty of exercise up to the time of their operation, two weeks in bed seems to them a very long time. The sooner they can sit up or get out of bed with perfect safety, the better. But the condition that interests me most and what I desire to call your attention to is the extreme nausea that sometimes progresses to a condition of reverse peristalsis and stercoracious vomiting, and the gaseous distension of the stomach that we sometimes see on the second or third day after an operation that I have already mentioned and briefly outlined the treatment. I am, therefore, very anxious to hear from other members of the profession who have had a great deal more experience with this line of work.

Report of a Case of Recurrent Diphtheria.*

BY W. G. HARRIS, M. D., PLANO, TEXAS.

GENTLEMEN: I wish to report two cases of Recurrent Diphtheria. On January 23d of this year I was called to see a little boy, Mack by name, three years and four months old, fairly well grown for his age, with rather a large head and a mind beyond his years. Always with an anemic appearance, whose skin is of that transparent kind, and who might be termed of a strenuous diathesis and nervous temperament.

*Read before the North Texas District Medical Association, December, 1905.

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On this day I found him with a temperature of 102½, pulse 150-160, respiration somewhat increased, and complaining of soreness and stiffness of his neck, which was swollen, more especially on the left below the angle of the jaw, and on either side were enlarged glands. Bowels were constipated; buccal mucous membrane red and saliva dribbling from the corners of mouth, tonsils swollen and very red, which looked like tonsilitis. Treatment at this time consisted in half grain calomel every two hours until bowels moved well, which took four grains. One-sixth grain of calcium sulphide in one teaspoonful of water every hour, and antiphlogistine to swollen neck.

On the next day patient was about the same—neck swollen hardly so much, but there were whitish spots on the tonsils. Then a spray of hydrogen peroxid, cinnamon, water, and aqueous extract of Hamamelis, equal parts, was used every two or three hours, and the calcium sulphide was given every hour when the spray was not used.

Consultation was called, and we agreed that the patient seemed to have a typical case of follicular tonsilitis.

On the third day the patient's nose bled, spots on tonsils began to coalesce, so I gave 2000 units of antitoxin and sprayed throat every hour through the day and every two hours through the night —stopped calcium sulphide.

On the morning of the fourth day there was membrane on right arch of soft palate, tonsils and uvula. Gave 3000 units of anti-toxin and in the afternoon the membrane began to come away from the soft palate, right tonsil and uvula, but within a few hours began to reform on right tonsil. I then gave 2000 units more.

On the fifth day there was about the same condition as the night before, so I injected 2000 units more, making in all 9000 units, when he began to convalesce.

The precaution was taken to burn all cloths used about his mouth and nose as soon as used, and sputum was burned each time immediately after spraying the throat. The linoleum on the floor was thoroughly washed with a solution of bichloride of mercury 1 to 500. Everything that could not be boiled was burned, and the room fumigated with formaldehyde.

Everything went well until February 21st, when he was taken sick very similar to January 23d, although his tonsils had been sprayed three times a day in the interim. February 22, I administered 3000 units anti-toxin—used a spray as in previous attack. On February 23 he received 2000 and 1000 units of anti-toxin. A little membrane formed this time on the tonsils only, and in a few

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days he was convalescing. Until February 28th we have heard nothing from baby brother 20 months old, who has been kept in the next room with his mother. This morning he is sick with all symptoms of diphtheria. He gets 500 units of anti-toxin in his back, and his throat is sprayed. In a few days he is well.

On April 10th, thirty-eight days from the beginning of the last attack Mack was for the third time taken sick. Made a microscopic examination of swab from his tonsils, finding Klebes-Loeffler Bacilli plentiful. He got 2000 units of anti-toxin and his tonsils sprayed as in previous attack. No membrane formed this time, and in few days he was up.

On April 30th, just two months, the baby was taken sick for the second time. Microscope showed Klebes-Loeffler bacilli very numerous. He took 3000 units of anti-toxin, with some improvement; May 1st, 2000 more; used spray every two hours during the attack as well as three times a day between attacks. No membrane formed this time, and in a few days he was well.

May 2d, only twenty-two days had elapsed from the previous attack when Mack came down for the fourth time. Made microscopic examination and behold, the Klebes-Loeffler bacilli were more numerous than ever. Within two hours from the time he was taken sick he had 2000 units of anti-toxin in his back.

May 3d his condition was no better. He got 3000 more units, and no membrane had yet been formed. On May 4th membrane began to form on both tonsils, and he got another 3000 units of anti-toxin. On May 5th I gave still another 3000. On May 6th injected 2000 in the morning and 3000 in the evening. May 7th he received only 2000 units. May 8th, in the morning, 2000, and, in the evening, 3000 units were injected, having given during this attack 23,000 units of anti-toxin. The membrane now began to give way, but very slowly, and it was two weeks before all was gone, although his tonsils were sprayed every hour or two day and night. He now made a slow convalescence. The parents now moved a couple of blocks to a relative's who had no children, while the house was repapered, where they remained for several weeks with decided benefit to the children's general health.

Seeing that the shortest period between attacks was twenty-two days, I now determined to give anti-toxin about every three weeks as a prophylaxis as long as the bacilli could be found in the children's throats.

On May 19th the microscope showed bacilli in baby's throat, and he got 1000 units for his trouble.

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May 29th, bacilli still in Mack's throat, and he kicked when 1000 units was put in his back.

June 9th, still bacilli in baby's throat, and he took 500 units.

June 19th, Mack got the regular dose of 1000 units.

June 20th, baby was taken with a severe spell of dysentery, which lasted two weeks.

July 1st, no diphtheria bacilli to be found in the baby's throat.

July 11th, bacilli still to be found in Mack's tonsils, although he seems well, so he got a prophylactic dose of 1000 units.

July 13th, 13—that unlucky number! Mack piled up in bed again. Microscope showed diphtheria bacilli numerous. 3000 units were put between his scapulae, and his little brother got 500, just for luck, although there were no bacilli in his throat.

July 14th, Mack absorbed 4000 units more of anti-toxin.

July 15th, Mack much better, and he made a rapid recovery.

August 2d, Mack's tonsils still contained Klebes-Loeffler, so said microscope, so in went another 2000 units, that caused considerable inflammation of the skin at the site of injection, which subsided in twenty-four hours. Mack had now taken 52,000 units of anti-toxin. During the first and fourth attacks there was a little dermatitis. There was not at any time any albumen in either of the children's urine. In all of the attacks Mack took strychnine arsenate, gr. 1/134, every three or four hours and three times a day for the greater part of the time between attacks.

Since August 2d there has not been found any diphtheria bacilli in either of the children's throats, and they are in better health than before.

Between attacks the children's throats were sprayed two or three times a day with equal parts hydrogen peroxide, cinnamon water and aqueous extract of Hamamelis, until in July, when we began the use of Alphozone, 1 to 500, mopped on the tonsils two or three times a day.

The rooms were fumigated after each attack by burning sulphur, except the first, which was formaldehyde.

Did the wet spring have anything to do with the tenaciousness of the bacilli?

Were the children's throats over-treated?

Did the children get enough anti-toxin, or too much?

Gentlemen, it is up to you for criticism.

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Society Notes.

Meeting of the American International Congress on Tuberculosis Held in New York City, November 14, 15 and 16, 1906.

The opening ceremonies of this Congress were held at the Hotel Astor on the morning of November 14, 1906. The meeting was called to order by Judge Clark Bell of New York City, and the ceremonies were opened by prayer by the Rev. Dr. Jefferson, which was followed by an address of welcome on behalf of the Hon. Clark Bell as president of the Medico-Legal Society, who briefly referred to the history of the organization, active interest taken by the United States government in its meetings and interest shown this Congress by the Hon. Elihu Root in sending invitations to all countries of the western hemisphere having diplomatic relations with the United States. He referred to the active interest taken in the success of the society by the Medico-Legal Society of New York City, and closed his remarks with extending hospitalities of the city of New York to the various delegates from the various countries of the western hemisphere and reminding them of the great work and responsibility resting upon their shoulders in their great philanthropic work for the prevention of this fearful disease.

He next introduced Dr. A. N. Bell of Brooklyn, New York, the distinguished editor of *The Sanitarian* for twenty-five years and the first president of this Congress, who came at the age of 84 years to deliver an address of welcome on the part of the medical profession. Dr. Bell spoke feelingly of the great work that confronts the philanthropists of the world who deal with the tuberculosis problem and made the assertion that the reduction in the percentage of deaths from tuberculosis had been reduced from 18 to 36 per cent since the year 1881 by work being done by organizations of this character. Dr. A. N. Bell's remarks were spoken feelingly and from the heart and he was warmly applauded by his colleagues and the delegates at large.

Dr. F. E. Daniel of Austin, Texas, the active president of the Congress, was next introduced and delivered his masterly address as the active president of the Association, which was received most enthusiastically and with applause from time to time throughout his delivery.

The next business declared to be in order was to call delegates. The chair first introduced the delegate from Equador, Senor Don

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Juan de Gagliardo, who spoke briefly in Spanish, returning the thanks of the government of Equador for an invitation and their pleasure to be present upon this occasion, and in addition that the other delegate, Dr. Lewis Didanu was forced to sail before the convening of the Congress.

The delegate from Honduras was next introduced, Dr. Salvator Cordova, who spoke in the English language and returned the thanks of his government for the honor of being invited to cooperate in the labors of this Congress. He referred somewhat briefly to the condition of affairs in his country.

The next delegate presented was from Guatemala in the person of Dr. Ramon Bengoechea, who spoke in French, and expressed his high appreciation of being present and his desire to assist in the labors of the Congress.

The delegates next introduced were from Hayti, Dr. Jeanty and Dr. Domond. Both spoke in the French language.

A letter was then read from the delegate from Costa Rico, who expressed his regrets at being unable to be present at the opening ceremonies, but explained that he would be present the following day.

The chair then introduced Dr. Carrado D'Alise of Naples, Italy, who made a response in the Italian language expressing his high appreciation of being present and his interest in the great work.

The following delegates present made brief addresses from the various States of the Union as they were called out: Dr. Herbert M. Nash, Dr. J. C. Walton and Dr. M. M. Ranoe from Virginia; Dr. J. W. McDonald and Dr. Lude from West Virginia; Dr. W. M. Cunningham of Alabama; Dr. W. H. Brewer of Connecticut; Dr. G. D. Roberts of Indiana; Dr. S. R. Rosenthal, Massachusetts; Dr. Jas. A. Burroughs, North Carolina; Dr. A. J. Rainte, New Jersey; Drs. D. S. Weir, S. B. Rice and C. W. Raines of Texas; Dr. Francis I. B. Fest of New Mexico; Dr. Durel of Louisiana. Dr. George R. Tabor of Texas, State Health Officer, was invited to make some remarks. He referred particularly to the active part taken by Texas in the disinfection of railroad coaches in the prevention of tuberculosis.

Motion was made that the chair name committees on resolutions and nominations, which was carried.

AFTERNOON SESSION.

The delegate from Equador was called upon and read a paper in the afternoon session.

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The delegate from Honduras, Dr. Salvator Cordova, next presented a paper dealing with tuberculosis in his country and referred to the small area of their country. He stated the population was about 800,000 and about the size of New York State, and there was very much malaria in that country, and he believed that the general cachectic condition following malarial fever was the causative element in the spread of tuberculosis, and stated that more of their people die from tuberculosis in that country than from malaria and yellow fever.

The delegate from Virginia next addressed the convention on the status of affairs in his State and the active work that was being enlisted in the organization of societies for the prevention of the spread of the disease.

Prof. Wm. Brewer of New Haven, Conn., next spoke at some length, referring in the most complimentary terms to the president's address. He feelingly told of the great field for labor in this direction.

Dr. Francis C. B. Fest of Los Vegas, New Mexico, spoke of the condition of affairs in his country and of their climate, and referred to the great danger of others becoming infected in traveling and in their association with health seekers, and referred to the relation of malarial fever as a causative element of tuberculosis.

Brief remarks were made by Dr. C. W. Raines of Mineral Wells, Texas, and Dr. S. P. Rice of Marlin, Texas; likewise Drs. McDonald and Lind of West Virginia, and Dr. Shelton of Connecticut, and Dr. J. Mount Bleyer of New York City.

Dr. Williams, delegate from North Carolina, next addressed the Congress, and stated that Asheville was the first city that passed anti-spitting rules, that they had organized a State society for the prevention of disease, and spoke of their State being the first to have incorporated in their school physiology some teaching concerning the spread of disease.

Dr. Rosenthal of Boston, Mass., referred to the work being done in their State by their State sanatorium and their association and the valuable work done by the tuberculosis exhibit which appeared in their city for six weeks and that not less than 60,000 people had taken occasion to attend these lectures and receive instruction on how to prevent the spread of tuberculosis. He stated that they had adopted a plan of having nurses trained and then sent out to teach the people how to instruct themselves.

Dr. C. M. Amende of New York City also addressed the convention on the value of looking back to nature as the great field for the successful battling with this disease.

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A letter was next read by the secretary of the Association, Dr. M. M. Smith, of the invitation tendered the president of the United States by the officers of the Congress and the courteous reply received in response to said invitation by his private secretary.

A motion was made that a committee be appointed to draft resolutions in reference to the high appreciation of the president's address and a vote of thanks be tendered Dr. A. N. Bell of Brooklyn, New York, who came to be present at the opening ceremonies at the ripe age of 84 years, wishing him Godspeed and that he might be spared many more years of usefulness and happiness in this world.

Secretary Smith read a lengthy telegram received from the Board of Trade and other business organizations of Norfolk, Virginia, and Board of Managers of the Jamestown Exposition inviting the Congress to hold their next meeting there and setting forth that a special day would be given to the Congress upon that occasion. On motion the secretary was instructed to acknowledge receipt of telegram and to say that a letter would be written them of the action taken by the Congress at a later date. Likewise letters were read from Dr. W. W. Ireland of Edinburgh, President Porferio Diaz of Mexico, President Castro Amao of the International Medical Congress of Lisbon, one from Dr. A. Motet of Paris, and a cable from Prof. Dr. Otto von Schroen of the Royal University of Naples.

The meeting then adjourned until 10 o'clock November 15th.

MORNING SESSION.

President Dr. F. E. Daniel in the chair. Section on Preventive Legislation, with a standing committee, of which the Hon. Clark Bell was chairman, was called, who presented a paper open for discussion, which paper was discussed by Dr. Eno Roy Williams of North Carolina, Dr. D. T. Carothers of Connecticut, Dr. F. E. Daniel of Texas, and others.

Following this paper Dr. T. D. Carothers of Connecticut, read a paper entitled "Alcoholism and Tuberculosis," followed by Dr. F. C. B. Fest of New Mexico, who read a paper entitled "Mountain Climate in New Mexico," following which Dr. M. K. Kassabian of Philadelphia, read a paper entitled "Roentgen Rays Diagnosis and Treatment of Pulmonary Tuberculosis," following which were papers by Drs. Reinle of New Jersey, Am Ende of New York, and Nettie Klein of Texas.

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AFTERNOON SESSION.

The Nominating Committee was announced, likewise that on Resolutions. The Association entered into a general discussion of preventive legislation, after which it adjourned.

The evening was given over to a magnificent banquet tendered the visiting members and delegates under the auspices of the Medico-Legal Society of New York City at Hotel Astor, where tables in the banquet hall were tastefully decorated with beautiful flowers as well as handsome women, where large numbers of toasts were responded to by the distinguished men of the Congress, with Hon. Clark Bell acting as toastmaster.

THIRD DAY.

The first thing to engage the attention of the Congress was the subject of State and Municipal Sanatoria, and in the temporary absence of Dr. George R. Tabor of Texas, the chairman, Dr. M. M. Smith of Austin, was invited to open the discussion, which was further discussed by the Hon. Clark Bell of New York, Dr. J. W. McDonald of West Virginia, Prof. Wm. H. Brewer of Connecticut, Dr. M. L. Nash of Virginia, Dr. Am Ende of New York, Dr. J. C. Walton of Virginia, Dr. F. C. B. Fest of New Mexico, Dr. Geo. R. Tabor of Texas, and Dr. C. H. Irion of Louisiana.

A motion was made that a committee of seven delegates be appointed by the chair to make a report to this Congress on the question of municipal and State sanatoria, after which several papers were read.

AFTERNOON SESSION.

Resolutions were adopted and a vote of thanks tendered President Roosevelt and Secretary Root.

The following officers were elected in accordance with the recommendations of the Nominating Committee: President, Dr. C. H. Irion, New Orleans, La.; First Vice-President, Dr. George R. Tabor, Austin, Texas; Second Vice-President, Dr. Charles Wood Fassett, St. Joseph, Mo.; Third Vice-President, Dr. F. C. B. Fest, Los Vegas, N. M.; Fourth Vice-President, Dr. Drury, Petersburg, Va.; Fifth Vice-President, Dr. J. W. McDonald, West Virginia; Secretary-Treasurer, Dr. M. M. Smith, Austin, Texas. Hon. Clark Bell of New York City, was elected honorary president of the Congress.

A vote of thanks was tendered Judge Bell for his untiring efforts

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and earnest labors on behalf of the organization. The secretary was authorized to acknowledge receipt of invitations from Atlantic City, New Orleans, and Norfolk, Va., for the next meeting, and by resolution it was agreed that the time and place of meeting be left in the hands of the active officers of the Association.

The following committee was appointed on State Sanatoria: Dr. T. D. Carothers of Connecticut, Dr. Rosenthal of Massachusetts, Dr. M. K. Kassabian of Pennsylvania, Dr. Nash of Virginia, Dr. G. R. Tabor of Texas, and Dr. F. C. B. Fest of New Mexico. It was further agreed that there should be added one member from each State represented in the Association.

After the transaction of other routine business and the tendering of the usual vote of thanks for courtesies extended the Congress by Hotel Astor, the president and others who had been untiring in their efforts to entertain the Congress, and after responses from the newly elected officers, the Congress adjourned to meet at a time and place fixed by the active officers of same.

Neurasthenia.

T. C. Ely, Philadelphia, discusses the causes of neurasthenia, which he finds in faulty hygiene and habits of life, injuries, especially those incurred in connection with modern methods of rapid transit, local overstrain, as in writer's cramp, toxins of various origins, latent organic disease and reflexes from visceral disorders, overwork and worry, heredity, and faulty educational methods, and faulty ideals and standards of life. The prevention of neurasthenia must be in the line of the recognition and avoidance of its causes. Every one should seek to learn his own limitations and not to exceed them, and should strive to regulate his work along the lines of least resistance. Properly directed occupation is often preventive and curative of neurasthenia, but hurry and worry are direct factors in its production, and the common combination of both is deadly. The hygienic life should be followed, thus avoiding the neurasthenia of organic disease so far as possible as well as the more truly functional type. Intermarriage of the neurotic and hereditarily inclined should be discouraged, as well as faulty ideals and aspirations, and educational methods involving overstrain during the growing and critical periods should be avoided. The hope for the future lies in these directions.—*Journal A. M. A.*, December 1.

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THE TEXAS MEDICAL NEWS.

A JOURNAL OF MEDICINE, SURGERY AND HYGIENE.

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CHRISTMAS GREETINGS.

We take this opportunity to wish each and every one of our subscribers, readers and advertisers a Merry Christmas and a most prosperous and happy New Year. With the oncoming of the Christmas festivities we should all not lose sight of the day and what it represents, and should pay due respect and reverence to the lesson so forcibly exemplified by this holiday.

We all should feel we have much to be thankful for during the past twelve months,—in most instances, doubtless, health, happiness, prosperity. While in many portions of the country fearful disasters in the form of storms and earthquakes and conflagrations and volcanic eruptions have taken place, yet we have been spared all such, and should lend a reverential ear, and return our sincere thanks to an all-wise Creator for the many blessings showered upon us during the past year. We sincerely trust and hope that every member of the profession everywhere the NEWS may go will enjoy and drink deeply of the cup of happiness during the Yuletide, and may "Kris Kringle" see that each and every sock (and our lady physician's stocking) is well filled with all of the good things of this world, and an inheritance of the bright hereafter.

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THE STRANGE CASE OF DR. BRUNO.

We publish elsewhere in this issue our criticism of the new book entitled, "The Strange Case of Dr. Bruno," a novel from the pen of our distinguished friend and editor of the *Texas Medical Journal* (*"Red Back"*), Dr. F. E. Daniel. This interesting story, portrayed in his characteristic and forcible style, carries with it a large amount of scientific truths and valuable moral teaching which are interwoven with romance. The doctor makes the character stand out so forcibly and he has blended them all together so harmoniously that he may be ranked as a writer of much renown. We would advise every member of the profession to get a copy of this work and give it a careful reading, as they will not only find it interesting, but will get from it many valuable, scientific and moral truths. We especially call their attention to our literary notice elsewhere in this issue of the NEWS.

AMERICAN INTERNATIONAL CONGRESS ON TUBERCULOSIS.

The last meeting of this Congress (see brief of proceedings elsewhere) was held in New York City on November 14th, 15th and 16th at the Hotel Astor and under the presidency of Dr. F. E. Daniel of Texas. This meeting, while not largely attended, was characterized by some very able papers and liberal and free discussions of the ways and means for the prevention of the disease. Several conferences were held by the newly elected officers and plans were agreed upon for active work by the Congress and bringing into it the co-operation of the different organizations and others interested in similar results.

Time will not permit us to give a detailed account of the meeting in this issue of the NEWS but we hope to be able to give sufficient space which the occasion merits in subsequent issues of this publication.

An early morning customer in an optician's shop was a young woman with a determined air. She addressed the first salesman she saw. "I want to look at a pair of eye-glasses, sir, of extra magnifying power."

"Yes, ma'am," replied the salesman; "something very strong?"

"Yes, sir. While visiting in the country I made a very painful blunder which I never want to repeat."

"Indeed! Mistook a stranger for an acquaintance?"

"No, not exactly that; I mistook a bumblebee for a blackberry."

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Abstracts and Selections.

The Old Patient to the New.

BY MRS. W. H. T.

Have you had your body thumped?
Have you had your stomach pumped?
Have you had your dear static life (electricity?)
They say 'twill save the surgeon's knife.

Have you tonics and been weighed?
This and more I have obeyed;
Have you had the X-ray on you?
Searching for your ills, old and new?

It is given out as late news
That microbes will shake in their shoes,
And have never been heard to shout
When the good Doctors are about.

I can tell some more secrets still—
They will strap you against your will—
Shake you till your teeth do chatter,
If you get well what does matter?

I thought the worst thing St. Vitus,
But now 'tis appendicitis—
Can't you go? Just send your brother,
He for practice, well's another.

When you think best to make your will
They look so wise you just sit still—
They give you powders and nice pills,
In fact, cure you of all your ills.

They fight where no one else can wage,
Our gratitude would fill a page;
When we need them we travel fast,
The Doctors, bless them, may they last.

Insomnia.

J. T. Fisher, Los Angeles, Cal., discusses the treatment of insomnia by mental suggestion and reports three cases thus treated. Drugs and physical treatment, he thinks, are unreliable for a per-

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manent cure; they may give temporary relief, but continued dependence on them has a bad effect, and tends to render the condition chronic. Even such simple matters as a hot foot bath or a warm drink on retiring, if continued, produce a bad habit and a dependence on them by the patient, which in a measure seems to lessen the effect of direct suggestion. In two of his cases this last was all that was used. The patients were told that they would sleep, and relieved of needless fears about their condition. In the third case post-hypnotic suggestion was employed. Any treatment that leaves out this suggestive factor must be a failure. Most insomnias are distinctly of mental origin, and their successful treatment must be through avenues directed to overcoming false ideas and replacing fear with healthful quieting thought, together with the removal of irritants which directly or indirectly affect the minds of the patients.—*Journal A. M. A.*, December 1.

Aperients and Peristalsis.

F. Pfaff and L. Nelson, Boston, have observed the effects of drugs on the phenomena of peristalsis in the stomach and intestines, exposed in salt solution in such a way that respiration of the animals was not embarrassed. Well-fed cats and rabbits were used. In their preliminary observations of the normal action of the viscera under the stimulus of food, the most striking feature was complete irregularity in the action of the intestines; the so-called segmentation of intestinal contents, which in the last eight years has been described as a normal function of the intestinal peristalsis, was not once observed. They also repeated Cannon's experiments with the X-ray, in which, however, only the coarser movement could be followed, and not the finer working of the intestines. Both methods, they think, affected the normal condition of the animal to some extent; the saline solution may act as a stimulant to peristalsis, but the factor which produced the same results in the case of the X-ray could not be stated *a priori*. It is certain that some drugs used in both methods acted as aperients, whereas the same drugs were without effect in the control animals. Of the drugs used, croton oil, aloes and podyophyllin increased markedly the peristalsis of the whole gastrointestinal tract. The stomach peristalsis was much intensified. With aloes, the peristaltic waves began high in the fundus of the stomach and made very deep constrictions. Their number was decreased, but in spite of this the organ emptied itself with great rapidity. Scammony, gamboge, elaterium, jalap, euonymin and frangula increased

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very slightly the gastric peristalsis, but markedly that of the large and small intestines both in the salt solution and the X-ray experiments. With scammony and gamboge, there was besides increased peristalsis, diarrheic defecation, most marked in the X-ray experiments, which was lacking in the control animals. Cascara increased intestinal peristalsis and also caused defecation under the X-ray. Tincture of rhubarb gave negative results, but the infusion increased peristalsis and caused non-diarrheic defecation. Strong solutions of senna increased peristalsis and caused defecation with both X-ray and saline bath. Purgation gave no results, even when the dose was increased, so far as to cause nephritis. Of the salts, sodium sulphate increased peristalsis and caused watery discharges in all the animals experimented on, including the controls. Sodium phosphate acted similarly, but did not increase the gastric peristalsis so much. Sodium chlorid was negative in small doses; in larger ones it caused a toxic gastritis. Nux vomica did not increase peristalsis in either rabbits or cats under the X-ray or in the saline solution, and control animals also gave negative results as regards defecation. The authors suggest a hope from these experiments that aloes, podophyllin and the salts may be of value in atonic conditions of the stomach.—*Journal, A. M. A.*, December 1.

Feeling for Fees.

There is a fee-ling among the goslings of the medical profession that the specialists are getting a larger part of the fees than their services or advice are worth. There is a feeling among some of the specialists that they can get more fees by dividing up with the general practitioner, and some on the one side are asking a division of the fees, and some on the other side are offering the same. Much of this is done on the sly, but some of it will out. The question has become momentous enough to occupy space in the address of the President of the American Medical Association at Boston, Dr. Wm. J. Mayo. He said: "The one crying evil, which, fortunately, is not widespread, is the giving of commissions; in other words, the selling of the confidence the patient has in his practitioner to some specialist, who, in return, will divide the fee for reference of the case. The one secretly takes money from the patient without his consent, and the other, in order to complete the bargain, charges more than he should. This is equally harmful to the one who receives and the one who gives. Some attempts have been made to justify it, but the very fact that it is secret shows

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that both parties are ashamed to have it known and is an acknowledgment of its moral obliquity."

The cause of much of the trouble is the fact that there are too many specialists and too many specialties. That a young man just out of college and the hospital should start up as a full-fledged specialist is ludicrous in the extreme. He readily becomes a narrow-minded bigot, and can only see through the ophthalmoscope, cystoscope, speculum, etc. Many of our specialists of today are specialists only in so far that they can extract a larger fee from the patient and with less feeling than his family doctor can. We can not have a good, broad-minded, honest specialist who has not grown up out of the ranks of general practice. He can not be a good specialist who has not first been a good general practitioner, and, further, I doubt if he can remain a good specialist for ten years without now and then doing some general practice to keep him from forgetting what he knew before he went into his specialty and to keep him from getting hide-bound. It is well known that one can take a patient to several specialists in several specialties and each one is cock-sure that the trouble lies in his department.

An illustration is not an argument, but let me relate a little story bearing on the subject of division of the fees. When the writer first commenced practice he opened his office, unfortunately, on what was then the most popular medical square in Cincinnati. The letter-carrier on his rounds in the morning would waken him from a night of undisturbed sleep. He would rub his eyes, look across the street and see dozens of people standing on the steps and sidewalk of the office of the late Dr. E. Williams, waiting for the office to open that they might get in and get a front seat in the waiting-room. The rear end of the writer's house was near the juncture of Lodge and Gano alleys, then thickly populated with negroes. It is admitted that for a time he did more business through his back door than through his front door. One night there came an urgent call from Gano alley—"a lady was in great misery." He found a buxom young colored woman bathed in tears and in blood. The tears were flowing from one side of her head, the blood from the other. After clipping the hair from the scalp on the back of the neck and turning it up he found a cut across the occipital protuberance, which he proceeded to sew up. When through, a young man asked me my fee. He looked prosperous and happy, so I said three dollars, which, to my surprise, was at once paid. They then informed me that there was a wedding in progress, that the young "lady" had two admirers, but naturally could

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marry but one of them at the time. This she was about to do when the discarded lover appeared upon the scene and asked her to reconsider and marry him. This she declined to do, so he hit her on the occipital protuberance with a loaded cane and knocked her down stairs. They invited me to stay, which I did. After congratulating the bride and hoping inwardly that she would never experience such a beating from her husband, I made my excuses and left. I was followed to my door-step by the minister who performed the ceremony, who said: "Doctor, you rather got ahead of me; you got all the money they had." Flattered at my ability, while yet so young, to so exactly fit the fee to the ability of the patient to pay, a very scientific part of the practice of medicine, it being long before the discovery of the X-ray, I said: "Why, that is really too bad; I am very sorry," and proceeded to divide the fee with him, giving him a dollar and a half. He thanked me heartily, and before leaving said that he was a corn-doctor by day and a preacher nights and Sundays, and that if I ever needed anything in his line he would be happy to serve me. The Reverend Corn Doctor went to his reward before I ever had occasion to avail myself of his generous offer, but I have never regretted dividing the fee with my accomplice.

Should the general practitioner send his eye cases to the eye doctor, his ear cases to the ear doctor, his throat cases to the throat doctor, his chest cases to the chest doctor, his stomach cases to the stomach doctor, his rectal cases to the rectum doctor, his genito-urinary cases to the G. U. doctor, his skin cases to the skin doctor, his gynecological cases to the gynecological doctor, his X-ray cases to the X-ray doctor, etc., and had not married rich, who will pay the bills of the generous general practitioner?—*Lancet Clinic.*

Hereditary Chorea.

Clarence King calls attention to the rarity of hereditary chorea. Little is known of its etiology beyond the very positive influence of heredity. The knowledge of its pathology is far more unsatisfactory than is that of its etiology. No constant lesion either gross or microscopic has been found. However, there has been established the presence of an organic lesion in or near the motor centers, tending to unbalance the normal functional activity of those centers. The writer gives a detailed description of the movements characteristic of this affection. The general health of the patient seems to be but little interfered with for years. The sexual function seems to be but little disturbed. The duration of hereditary chorea is gen-

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erally about twenty or twenty-five years. As to the treatment, nothing as yet has been found of permanent benefit. The only success comes from treating intercurrent complications as they arise.—*Medical Record,* November 17, 1906.

Man's Natural Protective Agencies Against Tuberculosis.

Silvio Von Ruck reviews the various protective agencies of the body. He speaks first of the skin which, when intact, presents an effectual barrier to the penetration of bacteria. He next considers the protective agencies in the digestive tract. In reference to this rôle of the upper air passages, he refers to Goebell's experiments. This investigator found that when the protective agencies of these parts are doing their work the lungs of animals are free from bacteria. The writer next considers the genito-urinary system, following this up with a discussion of the protective agencies of the eye and ear. The efficiency of these numerous agencies depends upon their integrity and is not always of the same degree. The writer concludes that under ordinary conditions, however, of vigorous adult health and vitality the natural and uninjured protective agencies may probably be considered as quite effectual unless the elements of infection gain entrance in extraordinary numbers. —*Medical Record,* November 17, 1906.

The Exceeding Importance of a Clear Understanding of the Vasomotors and Utilization of Their Function to Get Best Therapeutic Results.

W. C. Abbott declares that perturbations of the vasomotor equilibrium form the earliest evidences of disease in the large majority of maladies. The first response to any abnormal irritation is noted in an alteration of the caliber of some part of the circulatory system. A change of this nature is usually requisite for the production of pathological lesions that are recognizable by microscopical investigation. There may occur either a condition of spasm by which the vessels are contracted and the blood is forced out into the general circulation, or a state of paresis in which the dilated vessels receive more than the normal quantity of blood which leaks into the area of low pressure. Remedies should be applied before the difficulty has progressed beyond the simple disorder of tonicity-excess or deficiency. The four great vasomotor remedies are, aconitine, veratrine, digitaline, and strychnine.—*Medical Record,* November 10, 1906.

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Aseptic Labor and the Obstetric Fee.

"The Laborer is worthy of his hire."

Doctor, when called on by Madam Fair,
Be sure to examine her with care—
The hours of play? and how much sleep?
The pulse's rhythm? the heart's best beat?
The vaginal bore? the pelvic brim?
The fundal height? the outlet's rim?
The appetite keen? the daily stool?
The renal function? the bladder full?
Study, brother, study, study with care,
Study for the good of the passengare.

Doctor, when you attend the fair,
Be sure to carefully prepare—
Steam gauze and gown, kill all germs there,
Boil all the tools in soda spare,
Rub in the soap on dry hands bare,
Scrape well the nails, but do not pare;
Use brush briskly, make a good lathere
With water hot and running clear,
Scrub, brother, scrub, scrub with care,
Scrub before you handle the passengare.

Doctor, when of "first stage" made aware,
Be sure that you proceed with care—
Your drugs and sterile goods prepare,
Lay out your tools on a table square,
The rectum empty, the bladder drain,
The hair cut short from the vulva plane,
The whole anoint with soap galore,
Then scrub with vim and water pour,
Scrub, brother, scrub, scrub with care,
Scrub to free that vulva from the germs you fear.

Doctor, ere you to rest repair,
Study well your passengare;
Externally—note where the head doth lie,
Where the back directs, and the heart beats high;
Put on the gloves ere within you glide;
Where points the os? is it open wide?
Are the membranes ruptured? is the liquor in?
Is the head engaged or above the brim?

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Note, brother, note, note with care,
Note well the "lay" of the passengare.

Doctor, when wide open the os doth flare,
And no advance is made by the passengare,
Is it "L. O. A.," or "R. O. P." instead?
Palpate the sutures and flex the head;
Apply the forceps, male in female aligned,
Make no pressure, but pull behind,
Draw down the head, the forceps remove,
And extract with your hand the "fruit of love";
Pull, brother, pull, pull with care,
Pull in the right axis the passengare.

Doctor, when at the vulva bare
Presents the head of the passengare,
With chloroform scanty the pains allay,
Control the advance slowly down the way;
Dilate the vulva with dextrous care,
The head obtrude, the shoulder bare;
Slowly but surely, or a perineal tear
With silk worm gut you'll have to repair;
Hold, brother, hold, hold with care,
Hold, or Ma'll be damaged by the passengare.

Doctor, when through the vulva spare
You've safely brought the passengare,
Spanked the "kid," firmly tied the knot,
Crede'd the fundus, expressed the clot,
Placenta and membranes in a pot,
Given a douche one twenty hot;
Adjust the binder, the napkin apply,
Give Ergot a drachm and a "smile" of Rye."
Tickle, brother, tickle, tickle that fundus with care,
Tickle, or Ma may leave the passengare.

Doctor, when your "labor" is done,
And the passengare's life is well begun,
The lochia stopped, the uterus small
(About the size of a tennis ball)
Lies snugly upon the vesicle head,
And Mama is anxious to leave her bed.
The breasts secreting abundant milk,
Mother and babe looking fine as silk,

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Don't forget, brother, don't forget your skill,
Don't forget to render your well earned bill.

Doctor, when called on to fix your fee,
Be not deterred by modesty;
Proportion your charge on what is said,
How much the income, what rent is paid;
Be well prepared, use asceptic care,
From infectious germs the patient spare,
Thus honestly earn a liberal fee,
"For of his hire the laborer's worthy";
Charge, brother, charge, charge a sum that's fair,
Charge, when you deliver the passengare.

—*A. Ernest Gallant, M. D., Annals of Gynecology and Pediatrics.*

The Ethics and Laws Regarding the Interruption of Pregnancy.

BY FRED J. TAUSSIG, M. D., ST. LOUIS.

Many, particularly among the laity, claim that by giving our sanction to the interruption of pregnancy under certain special circumstances, we are offering a loophole of escape to all those who desire to interrupt pregnancy for their own personal gain. On the one hand, they say, we condemn it as a criminal procedure, and on the other recommend it as a means of saving the mother's life. Are we consistent? As much so, surely, as when we condemn the killing of a man in one case as murder, and in another case praise it as the highest type of patriotism. If it is justifiable for a man to kill another for the defense of his country and his home, surely it can not be wrong for the doctor to take a life for the defense of his patient.

But just as the law has sharply defined the line between murder and self-defense or defense of one's home, so, too, we must in our laws and code of ethics set down certain rules for the protection of society so that this privilege accorded the physician is not abused.

I recall at the Portland meeting of the American Medical Association, when the subject of the interruption of pregnancy in tuberculosis came up for discussion, that several members declaimed against the abuse this doctrine might give rise to. Occasionally I have heard obstetricians say that it was all right for *us* to know about these special indications for interrupting pregnancy, but that we should not be spreading the information among general prac-

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titioners for fear that it would lead to the interruption of pregnancy on the slightest provocation.

I don't believe the science of medicine is anything to keep quiet about. The more the practitioners know the facts, the greater the ultimate benefit for mankind. Practitioners have heard of the advisability of interrupting pregnancy in tuberculosis, heart disease, etc., and it is our duty to instruct them not merely when to resort to this procedure, but also, and above all, when *not* to resort to it. It should be emphasized that the life of the child must not be taken merely for reasons of inconvenience or even actual suffering on the part of the patient but only when the mother's life is actually endangered.

For the protection of the good name of the medical profession, I should advise that the following rules be conformed with:

(1) In the first place, we should define as accurately as possible the special conditions under which the interruption of pregnancy is permissible and require that in every instance these special conditions really exist.

(2) Pregnancy should be interrupted only after the physician in charge has consulted with one or more physicians and obtained their approval.

(3) We should demand that the consultant be not merely any other physician, but some person of note in the community. The danger lies, of course, in the fact that the unscrupulous doctor will call in some equally unscrupulous medical friend and, after consultation, proceed to do that legally which he would otherwise hesitate to perform. Of course, the municipality is the loser by this taking of human life, and it seems to me fair and expedient that it protect its rights by the appointment of a board of consultants without whose consent it should be considered criminal to induce an abortion. The success of the advisory board of three physicians on questions of insanity, recently appointed in this city, leads me to believe that a board of three persons similarly appointed from a list of those specially qualified to serve in this capacity would be a means of protecting the community in a matter vital to its interests.

I offer this merely as a suggestion for the consideration of the committee appointed to revise the laws relating to criminal abortion. The present wording of the State statutes is certainly extremely vague and unsatisfactory and gives the State absolutely no protection.—*Interstate Medical Journal.*

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Neurasthenia.

Hubert Richardson classifies the etiological factors of neurasthenia under four heads: (1) Mental strain; (2) disturbances of digestion, malnutrition, and auto-intoxication; (3) toxemia from infectious diseases: (4) traumatism and shock. It is apparently the vasomotor system which is principally affected. All emotions act upon this system of nerves. An important etiological factor from a therapeutic standpoint is a gouty constitution. In a case of this kind the urine is intensely acid and the carbon nitrogen factor is very low. The most marked system is irritability of temper. Among the various symptoms of neurasthenia are headache, insomnia, pains in the spinal column, disordered digestion, disturbance of the blood pressure, angina, depression of the functions of the genital organs, and disorders of the mental faculties. There is no specific treatment for neurasthenia. The whole system should be built up in every possible way. The physician must first gain the patient's confidence and then hold him to his treatment by tact and patience.—*Medical Record,* November 10, 1906.

Results in Roentgen Therapy.

Charles Lester Leonard believes that the Roentgen ray is one of the most powerful of therapeutic agents. It should be administered with caution and only by those who are educated and competent to observe its physiological action. Experimental studies have been confirmed by clinical experience. It has been demonstrated that this agent acts primarily upon the lymphatics, destroying them, and localizing the disease, thus preventing any spread or metastasis. The rays have been shown to produce a marked increase in metabolic activity. They render a very valuable service as a palliative agent, lengthening life and alleviating suffering in cases of malignant diseases.—*Medical Record,* November 17, 1906.

THE backwardness of health departments in protecting city milk supplies from infection by typhoid fever is illustrated by the fact that the city of Denver, Colo., has only within a few weeks passed an ordinance designed to compel dairymen to sterilize their utensils before using them. What other health protective features the ordinance contains, if any, we can not state, but it should strike at the root of the matter by prohibiting the use of impure water for washing milk pails, cans or bottles. In fact, every city should exclude from delivery or sale within its limits any milk

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from a dairy farm whose water supply is not above suspicion. At Denver the water company has been bitterly attacked, of late, on account of the prevalence of typhoid in the city, it being alleged that the responsibility for the disease rested on the company. Without presuming to pass on this contention we do emphatically assert that the time has come for health departments and the public generally to look well to other causes than water for the spread of typhoid. To this end, water departments must, in many cities, insist on the reorganization of health departments and on ample appropriations for health board work. The readers of *Engineering News* could aid greatly in these reforms in their respective localities by lending their influence and intelligence to all movements that will increase the efficiency of general health protective work. One of the most important means to this end is the appointment of well-trained, well-paid, permanent health officers, who give their whole time and energy to their work.—*Engineering News*, November 22, 1906.

Concerning the History and Value of Massage and Exercise.

BY BERNHARD ANDERSON, MASSEUR AND PHYSICAL DIRECTOR.

In the struggle against disease, science has furnished many different forms of treatment, and, though a physician may specialize, it will greatly increase confidence in him if he is acquainted with all available therapeutic agents.

If we go back to early times we find that the history and literature of massage and exercise is as old as that of any curative agent. The excuse for its being left somewhat behind is, that it is rather laborious and some men have thought themselves beyond and above such a task, with the result that many doctors hardly know what massage really is, and thus furnish a reason for the existence of osteopathy and other forms of treatment similar to massage.

If the medical profession in general would more fully appreciate massage treatment and exercises, and prescribe them when needed, employing people who are properly educated to give treatment, then the osteopathic cult would gradually vanish. A reason why the medical men do not more frequently prescribe massage is, no doubt, the poor results obtained by many operators, and much harm has been done to patients as well as to the reputation of massage treatment, because the physician has not been careful enough in the

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selection of the person to apply the treatment, but simply told the patients to have massage from somebody and anybody.

When a physician decides to have this treatment applied to a patient, a detailed statement of the conditions should be made to the masseur and a complete understanding as to what is to be accomplished. This reminds me of an incident. A gentleman came into my office and said: "I am a doctor and I wish to have massage to my shoulder." I told him I would be very glad to do what I could for him if he would please explain what the ailment was and what he expected to have done. "You can not cure me, as my trouble is there to stay, and I don't see any reason to waste time explaining things to you," was the reply. "In that case," I said, "I can do nothing for you." However, the gentleman in question came back in a few days and I had the satisfaction of eliminating his trouble to a great extent. Since then I have, to our mutual satisfaction, given treatment to several of his patients.

It is impossible to anyone to gain a thorough knowledge of the system, and learn to give treatment understandingly from a few lectures or a brief manual. There are, however, many conditions in which massage, together with a few passive and resistive movements, not only give relief, but effect a cure, when applied according to physiologic laws.

A short review of the literature of this curative agent may be interesting. Nature early taught man to knead his flesh or bend his body to relieve him of certain ills, and the practice of these maneuvers is as old as mankind. Books were written about gymnastics as early as 3000 years B. C., among them the Kong-Fu in Chinese. We also know that the Persians, Phoenicians and Egyptians knew about massage as well as gymnastics. The Greeks, however, were the first to make genuine progress in this branch, as in so many others. Esculapius, Apollo's descendant, is said to have been the inventor of the art of gymnastics.

Mercurialis in the sixteenth century wrote a book, "De Arte Gymnastica," or the science of bodily exercises, which he has divided into Gymnastics for Athletes, for the Military and for the cure of disease. To this latter branch, as used by the Greeks and Romans, he gave special attention, and pointed out the use of the different movements in different diseases and also gave rules for their application in special cases.

It is interesting to read about Thomas Lydenham, 1624-1689, a noted English physician, called "the English Hippocrates." He left the routine practice of his time and based his own upon the

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theory that there is in nature a recuperative power which ought to be aided and not opposed. He said that "if anyone knew of the virtues of friction and exercise and could keep this knowledge secret, they might easily make a fortune." In this respect he has many descendants at the present day.

Thomas Fuller, another English physician, published, in 1704, "Medicina Gymnastica," on the value of exercise in preserving health and curing disease.

Dr. F. Hoffman, who was physician to the King of Prussia in the first part of the eighteenth century, wrote that exercise is the best medicine for the body and that we can not imagine how salutary and favorable to health it is, for it excites the flow of the spirits and facilitates the excretions of the blood.

As Heroditus observed the curative effects of gymnastics on his own delicate health and thereby was brought to use movements in therapy, so did the Swede, Peter Henrick Ling, in the beginning of the nineteenth century, study the movement treatment, because he had cured himself of rheumatism in the arm by percussions.

Ling had been an instructor of gymnastics, but afterward, studying anatomy and physiology and the influence of movement and manipulations in different chronic diseases, he founded a system of gymnastics upon a physiologic basis. This is universally known as "the Ling System," or the "Swedish Movement Treatment." By ardent study and labor, Ling succeeded at last in securing recognition for his new ideas, and in 1813 the first college for pedagogic, military and medical gymnastics, called the "Royal Gymnastic Central Institute," was established in Stockholm at the expense and under the supervision of the Swedish government. Ling was its first president. The principal studies for graduation are anatomy, physiology, pathology, hygiene, diagnosis, principles of the movement treatment and the use of exercises for general and local development.

In the rooms of the institution persons of every condition and age, the healthy as well as the sick, the wealthy as well as the poor, executed prescribed movements. The number of those who adopted the use of the therapeutic movements increased every year, and among them were physicians, who, in the beginning, had been the most opposed to Ling.

Ling died in 1839. His pupils, Brandting, Georgii, Liedback, and G. Indebeton, published Ling's theories, and by this means, and through the many foreigners who studied at the Central Institute

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of Stockholm, Ling's system soon became known in a great part of the world.

Dr. Joseph Schreiber, of Vienna (in his "Manual of Massage and Muscular Exercise"), says: "The most powerful impetus, however, given to the revival of mechanotherapy originated with a Swede, the creator of the modern 'movement cure,' whose doctrines, spreading to England and Germany, have, after many decades, and in spite of being marked by some extravagances, gained universal recognition."

De Ron, in St. Petersburg; Georgii, Indebeton, Bishop and Roth, in London; Rothstein and Neuman, in Berlin; Richter, in Dresden; Schreber, in Leipzig; Melicher, in Vienna; Eulenburg, in Baden; Laisne, at the "Hopital des Enfants Malades," in Paris; Taylor, in New York; and many others, established special institutions for the movement treatment and published their results, partly in medical papers, partly in books.

Dr. Douglas Graham, of Boston, has written several articles, and also a "Practical Treatise on Massage," in which he says: "In 1844 the Supreme Medical Board of Russia appointed two members of the Medical Council to inquire into the merits of the movement and manipulation treatment as practiced by M. De Ron, one of Ling's disciples at St. Petersburg, who had been using it then for a period of twelve years. From the highly commendatory report of the councillors we quote the following: 'All passive movements, or those which are executed by an external agent upon the patient, as well as active ones produced by the effort of the voluntary muscles, and different positions with the aid of the apparatus or without it, are practiced according to a strictly defined method, and conducted rationally, since they are based upon mechanical as well as anatomical principles. Experience teaches us the usefulness of the institution, as many patients thus treated have recovered their health after having suffered from diseases which could not be cured by other remedies.'"

It was not, however, until after the middle of the nineteenth century that massage became really known and was considered by the medical profession as a scientific and valuable remedy in the treatment of diseases.

Dr. Metzgar, of Amsterdam, who was a famous masseur in the early sixties, was a man who understood how to win the confidence of the public, and later, through his many pupils, exercised a powerful influence upon the standing of massage in the medical world.

The best known German and Austrian physicians, as Langen-

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beck, Bilroth, Esmark, Mon Mosengeil, Gussinbauer, and many others, began to employ it scientifically and publish its effects. Soon the conviction gained ground that massage was a powerful curative agent, which had been neglected by the profession and therefore had been abused and overestimated by ignorant people. All over Northern Europe massage was known and constantly used, and Prof. W. S. Playfair, of King's College, London, wrote in 1883, "The Systematic Treatment of Nerve Prostration and Hysteria," which greatly encouraged the more general use of massage.

In the United States massage has been much known and applied for the last two decades, and men like Dr. S. Weir Mitchell, Dr. Douglas Graham, Dr. Taylor and a few others have done much for the development and reputation of the treatment, and have added a great deal to its literature. It is still, however, much opposed by many physicians, and will be until it becomes a compulsory study in the medical school.

Massage is a word often misinterpreted and erroneously used, sometimes intentionally, sometimes by ignorance. It is based on plain physiologic laws and has nothing in common with magnetism, magnetic healing or Christian science. It is also a false idea that massage is merely plain rubbing and needs only to be applied by strong hands for an hour at a time. The old proverb that if a little is good, more is better, is rather a dangerous one; as is, also, the saying, that if massage does no good, it can do no harm. Massage should be given with discrimination according to the indications in the individual case.

General massage should never cause pain. If black and blue spots appear after treatment, it is a sure sign that the operator is lacking in efficiency. Contrary to this rule, I have often heard people talk about the excellent and strong massage that made them black and blue all over. Local massage, however, often has to hurt, and if the patient is strong and can bear it, the time of convalescence can often be reduced by strong and vigorous treatment.

The variety of movements and duration of treatment is of great importance. The operator must display as much judgment and tact in applying treatment as the physician in the administration of medicine. The character of the illness, the sex and the general condition of the patient should be considered, and it is always a good rule to begin with very mild treatment until the patient becomes accustomed to the manipulations.

As above indicated, it is absolutely impossible for anyone to gain a thorough knowledge of this system from a few lectures or a

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manual; it requires ardent study, a great deal of practice, and a perfect familiarity with anatomy and physiology. Finally, here as elsewhere, good results from massage can come through experience only.

Massage consists in a series of manipulations of the tissues, in a variety of forms and strength. By the Swedish school, they are divided into four groups: effleurage; stroking; frictions; petrissage, kneading, rolling; tapotement, percussion, vibrations.

The circulation in the blood vessels and lymph channels is more or less affected by all the different manipulations, but as the veins are near the surface and the effleurage covers a larger area, this is the movement used when we wish to improve the circulation and increase its rapidity. The circulation of the blood throughout the system is of momentous importance. A number of our most dreaded ailments are due to a faulty circulation of the blood. As effleurage increases the circulation, it is a valuable means of aiding the resorption of infiltrations and exudates, and, if applied in time, to prevent an inflammation. For the same reason it also improves the assimilation and distribution of the nutritive products, restores the muscle tissues after fatigue, and, finally, has a sedative effect on the nervous system.

Frictions tend to remove deposits, exudates and other pathologic substances in the tissues, and contributes to their resorption. These manipulations are especially indicated in mon- and poly-articular diseases, but are also employed when abdominal massage is indicated.

Petrissage is the principal manipulation of the larger groups of muscles, as on the extremities, back and chest. Its ability to check atrophy is its most important characteristic. This manipulation, also, has much in common with effleurage and frictions.

The effect of percussion is especially manifest in the nerves, nerve centers, and in those internal organs that can not be directly massaged. As percussion closes and reopens the blood vessels in rapid succession, it also has quite an influence on the circulation.

Abdominal massage is so valuable that, although it consists of the manipulations previously mentioned, it may be considered by itself. The manipulations used are strokings, beginning at the cecum and passing to the ascending, transverse and descending colon. Friction and petrissage of the abdominal muscles are also employed. Abdominal massage increases the glandular secretion in the gastric region, aids in the digestion of food, improves assimilation, increases the number of red blood corpuscles and has a

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marked influence on the circulation of the portal system. It also stimulates the urinary organs and increases the quantity of urine.

Exercise or gymnastics have, by Ling, been classified into School, Military and Medical Gymnastics. Movements of any part of our body require a contraction of the muscle-fibres, and most movements are performed by the function of groups of muscles combined. A muscle in action requires more nutrition, and a more rapid exchange of products should consequently take place. The products of metabolism must be carried away and replaced by a nutritive supply. This transmission is performed by the blood which by means of the organs of circulation is carried to every part of the organism. Waste products are carried away by the blood and material for the rebuilding of tissue is secured from the same source.

While the heart is the chief organ of circulation, if left without assistance its function can not be properly performed. It needs the aid of the skeletal muscles, which, by alternate contraction and relaxation, act as a heart *in loco*. Consequently every movement, active or passive, increases the flow of blood.

Further, if a person is left inactive and absolutely quiet in bed, a marked atrophy of the muscles will be noted in a short time. This again leaves as a consequence the incapability to keep the body in an erect position and to perform necessary movements. All this change in the tissues is a sequence of too slow exchange of products, and the same degeneration will take place wherever there is a lack of circulation, be it caused by an inflammatory process or by some other obstruction.

In connection with movements, special attention should be given to the respiratory muscles and organs, since oxygen is a main factor in the building of new tissues, and the repair of old. The respiration should be carefully conducted in harmony with the exercises. The muscles performing this function are the diaphragm, the intercostals, the levatores costarum and the scaleni. The chest capacity is, by the action of these muscles, alternately expanding and contracting. This has a considerable effect upon the circulation, as it permits an increased flow of blood through the heart.

Two things should be taken into consideration when exercising: the purpose and the medium. The purpose is the perfection of form, elasticity and health; the exercises are the medium through which we gain it. Although the exercises are only the medium, they should be performed very accurately and according to a certain classification. If the posture and active movements of chil-

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dren were more carefully guarded and corrected from the time they begin to walk until they are fully developed, a number of deformities and diseases could be avoided, since many of these are caused by improper care, bad habits, and a lack of proper exercise. Scoliosis, so common among school children, has, in the largest number of cases, its origin in the incorrect adjustment of the school bench.

Not only the physical condition, but also the mental is improved and benefited by gymnastic exercises. How many women, especially, there are who, for lack of exercise, become hypochondriacs, and make their homes and surroundings miserable both to themselves and their associates. A few weeks or months of systematic exercises will in most cases of this description bring about a complete change.

Exercises are given to strengthen, not to exhaust the organism, and therefore they should be used with careful discrimination as to each individual's ability. A very important fact is, that all gymnastic exercises should be symmetrical, that is to say, if a fixed number of a certain kind of movements are taken with the left portion of the body, the right should perform the same number of movements. I am forced to believe that this is not considered of importance by some physical instructors. If this is so, it shows a weak point in their education and will result in a failure to make the gains expected. If a deformity of the body can not be corrected by gymnastic exercises, it should at least not be made worse, provided the deformity is not due to any cause which would contraindicate treatment by physical measures, and this, of course, should be decided before beginning any treatment.

Every person should give at least fifteen minutes daily to their physical development. After a short time of instruction, the necessary exercises can easily be taken at home. No one, however, should take exercises without first consulting his physician as to the condition of internal organs, and on beginning them proper training is, for some time, desirable, since too violent exercises and exercises improperly taken have serious results, should there be cardiac disease, or may more fully develop any deformity that may be present.

Too violent evercises are just as serious as none, and many athletes have surrendered to heart failure or tuberculosis of the lungs. The explanation is simple. They have gradually trained their organs to perform an unusual amount of work, then when they retire from this field they drop everything as a rule. The muscles of respiration, accustomed to a high degree of work, do not get enough

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exercise. The circulation becomes sluggish and the tissues of the lungs, accustomed as they are to be overfed and overful, do not get enough nutrition and lose their elasticity. Consequently a degeneration takes place and germs can not be checked. If the athlete, on the contrary, would retire gradually, as he trained gradually, the consequences would not be so serious and the organism would be able to stand the reaction.

Medical exercises are divided into two groups: passive and active movements. The passive movements increase the circulation in lymph and blood vessels and consequently the nutrition; they are applied when we desire to stretch contracted ligaments, muscles and nerves and to improve the mobility of a joint after a period of fixation.

The active movements, however, have the advantage, as soon as they can be applied. These movements increase the circulation, they develop and strengthen atrophied muscles and have also a direct influence on the circulation. Active movements require fuller respiration and consequently the lung tissues are strengthened. They also have a decided effect on the organs of digestion as they increase the secretion of gastric fluid, stimulate peristaltic movements and hasten the evacuation of waste products; they stimulate the urinary organs, increase the perspiration and activity of the skin and finally, as we can not perform active movements without our own efforts, they stimulate the nerves and nerve centers.—*Cleveland Medical Journal.*

Some Mental Symptoms Due to Disease of Nasal Accessory Sinuses.

J. A. Stucky shows by the reports of various cases that acute or chronic disease of the nasal accessory sinuse often gives rise to serious forms of mental disturbance. The cases which he has especially observed gave every evidence of chronicity. All gave the prominent characteristic symptoms of suppuration. All were operated upon after the Killian method of entering the frontal sinus, removing the floor of the sinus, or enlarging the infundibulum, as well as removing the middle turbinate and the anterior ethmoid cells, and as many of the posterior cells as could be found which gave evidence of suppuration. In these cases the ethmoid cells were extensively involved. The mental symptoms were very marked. Insomnia, mental depression, indifference to conditions or surroundings, morbid suspicions, morbid fears, and suicidal inclina-

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tion, are among the symptoms described. As to their cause, toxin-producing bacteria in the gastrointestinal tract combined with the sepsis from pus absorption, the influence of which acts upon the cortical cells and nerve fibers of the brain, are probably the chief agents causing the mental disturbance.—*Medical Record,* November 24, 1906.

Deafness From Ossicular Rigidity.

P. D. Kerrison, New York City, criticises the method of pneumatic massage, which, he thinks, fails through not exercising the drum membrane and ossicles normally and by causing undue strain and irregular tension of the drum membrane, thus further reducing the hearing power. In exercise of the membrane, besides the avoidance of the above mentioned faults, the number of vibrations to the second should bear some relation to that note in the musical scale which marks the lower tone limit of the patient's hearing power. All these conditions are violated by the usual methods of pneumatic massage, which seems to be based on the notion that anything that will move the ossicles will improve the hearing. Starting with the idea that, if a patient's hearing is impaired but not lost for a given note, as shown by testing with a small tuning fork, it might be possible by using a larger fork of the same pitch, normally to exercise the drum membrane. Kerrison had a set of large tuning forks made, each capable of giving the most vigorous vibration possible for its fundamental note, and with these experimented on a number of patients, first testing the upper and lower limits of hearing and the increase or diminution by bone conduction. If the result of these tests points to a tympanic lesion, a more exact test of the lower tone limit was made, and having found it, he uses the corresponding large fork in full vibration, following it by the others lower in the scale till one is reached that can not be heard. Used in this way, tones from four to six notes lower in the scale will be perceived, and in some cases an appreciable gain in hearing has been made by such exercises systematically carried out. The results have varied much, however, in different cases, the differences depending, apparently, more on the character of the lesion than its stage or duration. When the result was good the improvement was in the improved audition for the lower notes and increased hearing distance for the watch or acoumeter. He does not claim it as a great therapeutic advance; the method is cumbersome and requires much time, and the results

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have not been so pronounced as to demonstrate a definite value over other methods. What he claims is, that the experiments show that the mobility of the ossicles can be increased and the hearing improved by sound waves rationally employed, and suggest a line of experimental work through which in time we may obtain a system of auditory massage that will yield more valuable and permanent results.—*Journal A. M. A.*, December 1.

Books and Magazines.

SAUNDERS' POCKET MEDICAL FORMULARY. By William M. Powell, M. D., author of "Essentials of Diseases of Children"; member of Philadelphia Pathological Society. Containing 1831 formulas from the best known authorities. With an appendix containing Posologic Tables, Formulas and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetric Table, Diet Lists, Materials and Drugs used in Antiseptic Surgery. Treatment of Asphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. Eighth Edition, Adapted to the New (1905) Pharmacopeia. Philadelphia and London: W. B. Saunders Company, 1906. In flexible morocco, with side index, wallet and flap. $1.75 net. W. B. Saunders Company, Philadelphia and London.

This volume contains 300 pages and is admirably adapted for the purposes intended. It was not prepared for the purpose of encouraging the physician to depend upon it solely in his prescribing but intended to offer happy combinations of the best remedies for the treatment of any particular condition, and by a careful study and use intelligently of it one is enabled to learn much of value. Blank pages are left throughout the work, which is admirably indexed, for the insertion of any favorite formula that the average physician may find to be of value in his practice from time to time. We bespeak for this little work a continued deserved patronage.

THE DISEASES OF THE NOSE, THROAT, AND EAR. By Charles Prevost Grayson, A. M., M. D., Clinical Professor of Laryngology in the Medical Department of the University of Pennsylvania; Physician in Charge of the Department for Diseases of the Nose and Throat in the Hospital of the University of Pennsylvania; Laryngologist and Otologist to the Philadelphia Hospital. Secone edition, revised and enlarged. Illustrated with 152 engravings and 15 plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York, Publishers.

The second edition of this admirable little work by Dr. Grayson has been thoroughly revised and some valuable additions made to

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it. The same plan pursued in the former volume is adhered to in this, viz.: that in the treatment of the average case of diseases of the nose, throat and ear the author gives one plan and the most up-to-date method of treatment unless the case is one much complicated, when, of course, he advises other plans of treatment should the first fail. The majority of text-books upon the nose, throat and ear are disposed to give such a large number of treatments that the comparatively speaking beginner and general practitioner is at a loss to know which is the best. The author likewise does not lose sight of the fact that the ear is scarcely more than a dependent of the nose and throat when it comes to referring to it pathologically and therapeutically. This work of 532 pages gives a concise practical plan of diseases of the nose, throat and ear with the most up-to-date and satisfactory plan of treatment, and certainly should be in the hands of every one, even the general practitioner in cities sufficiently large to have the specialist. We bespeak for this second volume a large patronage, which it justly deserves.

THE MEDICAL RECORD VISITING LIST, OR PHYSICIAN'S DIARY FOR 1907. New revised edition. Wm. Wood & Co., Medical Publishers, New York.

This edition of this popular visiting list has been revised and with the important changes made in the list of remedies, the maximum doses both in apothecary and decimal system contains calender, solutions for subcutaneous infections, atamization and inhalation, treatment of poisoning in emergencies, artificial respiration, signs of death, hints on the writing of wills, etc., etc. The work is so familiarly known that it needs no special reference by us at this time. We commend it to the profession as one of the standard and highly important to be used in careful keeping of their books.

THE PHYSICIAN'S VISITING LIST (LINDSAY & BLAKISTON'S) FOR 1907. Fifty-sixth year of its publication. The Dose-Table herein has been revised in accordance with the new U. S. Pharmacopeia (1900). P. Blakiston's Son & Co., Publishers, Philadelphia, Pa.

This is the fifty-sixth year of the publication of this popular physician's visiting list. The work is revised and kept strictly up-to-date with each year. This handy little volume is arranged for 25, 50, 75 and 100 patients per day or week and with the 50, 75 and 100 patients it is arranged in two volumes—January to June, July to December—prices varying from $1 for 25 patients per week up to $2.25 for 75 and 100 patients per day, double volume. Books also are published in regular edition form. For 1300 names, $1.25; 2600 names, $1.50. This little volume contains all the practical and emergency information desired by the profession and needs no commendation from us, as to its practical value. Dose table, incompatibility table, treatment of poisoning, any one of which is worth more than the value of the book. We bespeak for it a con-

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tinued large patronage by the profession. It is truly multum in parvo.

DISEASES OF THE STOMACH—A TEXT-BOOK FOR PRACTITIONERS AND STUDENTS. By Max Einhorn, M. D., Professor of Clinical Medicine at the New York Post-Graduate Medical School and Hospital; Visiting Physician to the German Hospital. Fourth revised edition. Wm. Wood & Co., Publishers, New York City. Price, $3.50.

This work has just been thoroughly revised and brought out its fourth edition. This and other books dealing with diseases of the digestive tract have become the standard text-books in this country. Dr. Max Einhorn is looked upon as the leading authority. The work is well illustrated, the text exceptionally clear and the subject admirably presented. The demand for just such books in this country would be unprecedented inasmuch as the expression has become prevalent that America is a nation of dyspeptics. This work having forged itself to the front and become the standard authority upon diseases of the stomach, needs no favorable comment from us further than simply to bring the attention of the profession to the fact that Messrs. Wm. Wood & Co. have placed upon the market a fourth and revised edition.

"THE STRANGE CASE OF DR. BRUNO." By F. E. Daniel, M. D., author of "Recollections of a Rebel Surgeon," editor of *Texas Medical Journal,* Austin, Texas. Tastefully bound in silk cloth and gold, with 14 illustrations. Price, $1.50, postpaid. Guarantee Publishing Co., 4 West 29th St., New York.

Dr. F. E. Daniel, one of the most eloquent and pleasing writers which the South has produced, has given us in his latest work, "The Strange Case of Dr. Bruno," another proof of his wide culture, and deep, comprehensive sympathy with human nature, combined with scientific knowledge and literary excellence. This charming love story is delineated with simple, elegant force, truthful interpretation of character, a picturesque and original setting, and a loftiness of purpose plainly revealed to the close observer, who finds in the nobly expressed sentiments of Dr. Bruno a just code of moral ethics, and in the wonderful action and results of the mud wasp's sting an unusual argument for the belief in the resurrection of the body.

The action of the novel is portrayed in a manner suited to the realistic material, and is at the same time in keeping with the science which its gifted author knows so well how to interpolate. There is no crudeness of treatment, but a marked firmness and mastery of detail. From the moment the reader comes in contact with the scientist, Dr. Bruno, who discovers the secret of suspended animation from the mud wasp, until the close of the career of the interesting personality, the action of the story is tempered so nicely that the incidents follow each other with discriminating correctness.

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The character of Dr. Bruno is drawn with strength and firmness, and with a touch of the individualistic. His personality forces itself on the reader; his problems are real. In less experienced hands and deprived of the strength which Dr. Daniel's knowledge of science lends, the character of Bruno, whose peculiarities are accentuated by unusual incident, might show a marked tendency towards melodrama, but this result is effectively forestalled, and the tragic, human note in all its truthfulness is heard. Katie, the mother, and twenty years later Katie, the daughter, are charming, graceful figures who fulfill with ease and consistency the parts ascribed to them towards the virile, central figure, Dr. von Bruno. The main interest in the story centers about these figures, and yet the finale is not complete without the introduction of Harold Ogden, who loves Katie, and who loves twenty years later, even more madly, Katie's daughter.

The setting of this story, many of the scenes of which are laid in the quaint, historic old city of New Orleans, is picturesque, with the picturesqueness and warmth which the true Southerner loves. There are incidents of the old slave days, incidents which one might easily believe had really occurred. Finally there is the dramatic awakening of Bruno from a period of suspended personality in the insane asylum which recalls the tragic tales of Poe.

It can not be doubted that the cultured author of this story held a dearer hope than that this latest child of his brain should serve only for an undiscriminating public as a "four passer le temps." Dr. Bruno does not experiment with the magic fluid of the mud wasp with the sole intention of satiating his own curiosity, and discovering a means of suspended animation. This is the medium utilized for the expression of vital truths and noble sentiments. And high ideals are carried out also in the character of Katie, who chooses in the closing chapter rather to do violence to her feelings than to prove herself recreant to the sacred bonds of friendship.

A Syllabus of Materia Medica. Compiled by Warren Coleman, M. D., Professor of Clinical Medicine and Instructor in Materia Medica and Therapeutics in Cornell University Medical College; Assistant Visiting Physician to Bellevue Hospital. Third edition. Revised to conform to the Eighth Decennial Revision of the U. S. Pharmacopeia. Wm. Wood & Co., Publishers, New York City. Price, $1.

This little syllabus of 186 pages is gotten up in a most systematic manner for the purpose of assisting the medical student and the physician in memorizing and in becoming thoroughly acquainted with materia medica, a subject as a rule not by any means sufficiently well understood by either.

The main subdivisions are, first, Scema for Studying the Action and Uses of Drugs.

Secondly, Syllabus of the Action and Uses of Drugs.

Thirdly, Classification of Drugs, based on chiefly Physiological Action.

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Fourth, Various Groupings, such as Fluid Extracts, Tinctures, etc.; the Alkaloids, Compatibility of Drugs, Prescription Writing, Toxicology, etc.

The book is certainly a valuable little thing and admirably adapted for the purpose intended.

FOODS AND THEIR ADULTERATIONS. — Timeliness of interest, aside from any other condition, lends especial importance to the announcement of the early publication of Foods and Their Adulterations, by Harvey W. Wiley, M. D., to be immediately followed by a companion volume, Beverages and Their Adulterations. Dr. Wiley is Chief Chemist to the United States Department of Agriculture, at Washington, and his wide researches in the interests of purity in food commodities give anything he might write on the subject an authoritativeness that is unquestioned. The fact that the new National Food and Drugs Law becomes effective after January 1st, and that public interest in it is now at white heat, will no doubt result in quite a demand for both volumes. The books will be generously illustrated from original photographs and drawings. Messrs. P. Blakiston's Son & Co. of Philadelphia are to be congratulated upon bringing out this valuable work.

Publisher's Notes.

THE NEW ORLEANS POLYCLINIC, now constituting the postgraduate department of Tulane Medical College, opened most auspiciously for its twentieth annual session on November 5, 1906. There are already a number of matriculates enrolled from Louisiana, Texas, Indian Territory, Alabama and Oregon.

FOR the enlargement and betterment of the *Oklahoma Medical News-Journal.* Beginning with the January, 1907, issue, the *Oklahoma Medical News-Journal* will have a new editor, Y. E. Colville, B. S., M. D., of Chattanooga, Tenn. Dr. Colville has bought a half interest in the Journal and will devote his entire time to the editorial department while Dr. Phelan will be the business manager. In this way the journal will be greatly benefited and enlarged, and of greater value to the profession than heretofore.

MALARIAL CACHEXIA.—The cachexia resulting from malaria is often persistent, even after the active cause has been controlled. service in stimulating the reconstructive powers of the blood. The toxins resulting from the malarial hemolysis are rapidly eliminated, and increased impetus is given to the restoration of normal red blood cells.

FOR SALE.—In a central West Texas town a practice that averages more than $150 per month with 85 per cent collections will

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be turned over to the purchaser of my property. Address, Dr. O., care TEXAS MEDICAL NEWS.

THE therapeutic properties of Seng have been favorably commented on by many practitioners, especially as to its availability in atonic dyspepsia. Dr. J. W. McNabb claims that it is not so good in fermentative dyspepsia but contends that in all cases dependent on want of tone or lack of peptic secretions it is a valuable remedy. He states that in convalescence from fever, enteric disorders and a general run down condition, the action of Seng is most perfect.

THE neutrality and general purity of the salts entering the composition of Peacock's Bromides have been attested to by eminent chemists. This assurance in its purity and uniformity is of great moment to the general practitioner when he desires to employ a continuous bromide treatment. It is a palatable preparation and as each fluid drachm contains fifteen grains of the combined bromides, the dose is easily adjusted.

"OUR readers will note from the new Antikamnia advertisement which appears in this issue, that the Antikamnia Chemical Co. was prompt to file its guaranty under the New Pure Food and Drugs Act, their guaranty number being 10, which means that of all food and drug manufacturers in the United States, only nine filed their guaranty in Washington before that of the Antikamnia Chemical Company.

"This shows the usual Antikamnia disposition to protect the dealer and prescriber of Antikamnia under the law and gives assurance of the absolute reliability of the Antikamnia preparations."

Suggestions in the Treatment of Diseases of the Respiratory Tract.

BY F. T. JENKINS, PH. G., M. S., M. D., LOS ANGELES, CALIFORNIA.

A marked advance in therapeutics has taken place in the last few years and many new remedies have been introduced which, after careful clinical tests, have been found to be vastly superior to former methods of treatment. A drug which has attracted considerable attention is the new morphine derivative heroin. It has been brought before the profession for the purpose of allaying cough and to take the place of codeine as a more efficient substitute. Its action in relieving cough and dyspnoea is much more prompt and decided, and the frequent deleterious after-effects of codeine and morphine—nausea, vomiting, headache, constipation, gastric pains, tinnitus, and visual hallucinations—have never been observed during its administration. Results are equally as good with children as with adults, and it has now taken a permanent place in the armamentarium of the physicians.

Some time after the introduction of heroin, while I was acting

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assistant surgeon in temporary command of the station for the United States Marine Hospital Service, I had a number of government patients, sailors of the merchant marine, at the Los Angeles Infirmary (Sisters' Hospital) under my professional care. In one case of persistent cough, which was extremely distressing to the patient and harassing to his friends, I tried everything I had heretofore used without obtaining even partial relief. The then resident physician, Dr. M. M. Kannon, urged me to try a new combination of heroin with other drugs, known as Glyco-Heroin (Smith), made by Martin H. Smith Company, of New York. Acting upon this suggestion, I gave a prescription for a few ounces of this preparation to be given in teaspoonful doses every four to six hours until relieved. The good effect was immediate and pronounced, and from that time to the present I have had positive results in relieving cough that I had failed to obtain in my previous experience of a quarter of a century in the active practice of the medical profession. Before giving it in the case mentioned I was inclined to be sceptical, notwithstanding the frequency of favorable reports in regard to it by respectable medical journals and leading professional men. I had tried without satisfactory results the usual mixtures "Heroin Comp.," of which there are so many without merit, failing entirely to accomplish all that heroin can be shown to do in using the preparation indicated. To satisfy myself still further and to remove a doubt in my mind that this might be an exceptional case or a mere coincidence, I was induced to give it a trial in a series of selected cases of a similar character.

NEW ORLEANS POLYCLINIC—POST-GRADUATE DEPARTMENT OF TULANE MEDICAL COLLEGE.—The twentieth annual session opens November 5, 1906, and closes May 18, 1907. This school is intended for practitioners only. All instruction aims to be *clinical* and *practical,* and to this end, use will be made of the vast facilities offered at the great Charity Hospital, at the Eye, Ear, Nose and Throat Hospital, and at the special clinics to be held at the Polyclinic.

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It is not our claim that this instruction can ever supersede the work of the hospital training school, or that our students are able to enter the profession on equal footing with the nurse of hospital training. On the other hand, only one nurse in ten of those professionally practicing at the present time has had hospital training (U. S. Census). It was with the belief that the standard of this large body of women could be raised by a course of systematic study, that this school was instituted.

The radical change in the sentiment with which the general public and members of the medical profession now regard this efficient type of practical nurse is in large part due to the work of this school which, within its prescribed limits, must of necessity make for the best good of the untrained nurse, the physician and the community.

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A well taught nurse can most ably supplement the efforts of the physician, and we appeal to the latter that he may inform himself of the practical value of the work conducted by this school.

We are seeking publicity in this matter, confident of the co-operation of the physician who becomes informed of our aims and methods. Complete particulars and a synopsis of our courses will be mailed to physicians upon application.

Suggestions in the Treatment of Diseases of the Respiratory Tract.

BY J. F. T. JENKINS, PH. G., M. S., M. D., LOS ANGELES, CAL.

A marked advance in therapeutics has taken place in the last few years and many new remedies have been introduced which after careful clinical tests have been found to be vastly superior to former methods of treatment. A drug which has attracted considerable attention is the new morphine derivative heroin. It has been brought before the profession for the purpose of allaying cough and to take the place of codeine as a more efficient substitute. Its action in relieving cough and dyspnea is much more prompt and decided, and the frequent deleterious after-effects of codeine and morphine—nausea, vomiting, headache, constipation, gastric pains, tinnitus, and visual hallucinations—have never been observed during its administration. Results are equally as good with children as with adults, and it has now taken a permanent place in the armamentarium of the physician.

Some time after the introduction of heroin, while I was acting assistant surgeon in temporary command of the station for the United States Marine Hospital Service, I had a number of government patients, sailors of the merchant marine, at the Los Angeles Infirmary (Sister's Hospital) under my professional care. In one case of persistent cough, which was extremely distressing to the patient and harassing to his friends, I tried everything I had heretofore used, without obtaining even partial relief. The then resident physician, Dr. M. M. Kannon, urged me to try a new combination of heroin with other drugs, known as Glyco-Heroin (Smith), made by Martin H. Smith Company of New York. Acting upon this suggestion, I gave a prescription for a few ounces of this preparation to be given in teaspoonful doses every four to six hours until relieved. The good effect was immediate and pronounced, and from that time to the present I have had positive results in relieving cough that I had failed to obtain in my previous experience of a quarter of a century in the active practice of the medical profession. Before giving it in the case mentioned I was inclined to be sceptical, notwithstanding the frequency of favorable reports in regard to it by respectable medical journals and leading professional men. I had tried without satisfactory results the usual mixtures "Heroin Comp.," of which there are so many without merit, failing entirely to accomplish all that heroin can be shown to do in

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The Necessity for Hematics After Miscarriages.

The more one studies the pathological conditions which follow premature expulsion of a fetus, the more evident it becomes that changes and complications which result from such unnatural termination of a natural process, are little appreciated. There can be little wonder, therefore, that abortions and miscarriages so often give rise to countless female ills, and so frequently lead to lives of more or less chronic invalidism.

Take, for instance, the average case. The whole female organism, as soon as conception takes place, makes preparations to meet the growing demands of the impregnated ovum. The vital processes of both nutrition and elimination are more heavily taxed, and this, of course, means greater activity on the part of the nervous and circulatory systems. Under normal conditions, however, since the female organism is especially designed for the one great purpose, maternity, there is only a modification or increase of function throughout the body. Thus in every sense, in spite of its many complex details, normal pregnancy is purely physiological.

But if for any reason pregnancy is abruptly terminated before the time at which it would normally end, the condition becomes distinctly pathological. Delicate structures, especially those of the generative organs, are suddenly arrested while in a stage of active development, and a retrograde process has to be prematurely established. There naturally follows a marked depression of the whole nervous system, because of its unprepared state for meeting an event unexpected and unnatural. More important than all, however, is the fact that certain growing tissues that would separate normally at the end of pregnancy, in early stages are so closely attached to the uterine wall, that premature delivery always means tearing them away, leaving ragged, lacerated surfaces and an inevitable retention of tissue that because it has no further purpose must be either thrown off or absorbed by the organism. The extreme liability to infection at this time is well-known, and is directly due to the predisposition which attends this invariable presence of dead or dying tissues.

From the foregoing, it must be apparent, that the effect of every miscarriage is depressing in character. Every organ can not fail to feel the pernicious imprint, and there is a logical falling off of every vital process. Because of the formation and absorption of ptomaines and toxins of varying degrees of virulence, there is always more or less vitiation of the blood and disintegration of its corpuscular elements. While the hemolysis may not be extreme, it is generally sufficiently marked to leave no doubt that it is a prominent factor in determining the duration of convalescence and the completeness of recovery.

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We believe you will find it a useful book to put in the hands of the young mother.

The book is handsomely printed, fully illustrated and is bound in cloth. We shall be glad to furnish you copies for for your patients entirely free.

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In regard to treatment it seems hardly necessary to speak of the importance of thorough antisepsis nor of frequent necessity of removing decaying material. These things are well appreciated by physicians generally. But what should be emphasized is the great importance of vigorous reconstructive treatment after miscarriages, in order to hasten the restoration of normal conditions, with all that this may mean on a woman's whole futue health.

Clinical experience has shown that Pepto-Mangan (Gude) has an especial value in these cases, for it not only supplies the urgent needs of the blood, but directly promotes the elimination of ptomaines through the natural channels. The phagocytic process is stimulated, and as a supply of good active blood is produced, the uterus and related organs are vastly helped in their effort to return to normal conditions. Digestion and assimilation are aided and the general vitality reinforced to a marked degree.

In a word, Pepto-Mangan (Gude) is an unsurpassed tonic wherever there is a lowering of blood quality, from no matter what cause, and the definite positive benefits which follow its administration leave no further recommendation necessary.

"LUBRIZONE" is a sterilized, neutral, antiseptic lubricant. It is non-irritating to the most sensitive mucous membranes, is healing, soothing and germicidal. It is thus a definite protection against infection. It does not stain clothing or bandages and is soluble in either hot or cold water. It is superior to all lubricants which have either an animal or mineral base. Composed of the essential elements of carrageen in combination with eucalyptus and formaldehyde, it also contains an oxygen liberator, the oxygen being held in suspension until coming in contact with the secretions—the oxygen is then liberated and becomes therapeutically effective. This is a distinct improvement upon any surgical lubricant thus far presented.

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THE TEXAS MEDICAL NEWS.

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For Texas Medical News.

Latent Gonorrhea.*

BY M. B. SAUNDERS, M. D., WACO, TEXAS.

At a meeting of this society two years ago I expressed as my belief that the reason we were meeting so many cases of pelvic trouble at the present time was because of our crowding population and the alarming increase of gonorrhea, and that this trouble was in our little girls far more than we were in the habit of believing.

From experience gleaned since then, to my own satisfaction, at least, I have been able to verify this belief.

To any man who does any amount of venereal work there are cases which come under his observation which from their own statements he can not understand their present condition, and he has every reason to believe that they are truthful in these statements.

*Read before the Central Texas Medical Association.

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So I will try to throw some light on these from what is to follow:

CASE 1. Mrs. C., age 27; American of refinement and culture, of healthy parentage, married but three months; husband an intelligent and healthy man. She consulted me on account of a cystitis, which she and her mother assured me she had had all her life, and had resisted all treatment, both here and in New York, where she had gone to seek relief. Her mother assured me that this trouble was with her when she was a babe in arms, and was still in pretty much the same condition. So I could not attribute it to the connubial relations since marriage. I exhausted my materia medica with little or no effect; a little better, now worse,—a little better, then worse again, was her history. This consisted in a bearing-down, heavy, uneasy feeling about the bladder, and a frequent desire to urinate,—more or less pain in region of the kidneys. As the medicines had failed, I subjected the urine to a thorough microscopical examination, hunting for T. B., but failed to find them. However, I discovered a diplococcus. My first thought was gonococcus, but remembering Boston's belief, as well as others, about these, I was not positive, but treated her for that affection. In the meantime she became pregnant. The treatment continued, with irrigations of the bladder with a 5 per cent Argyrole solution once or twice daily, and internally methylene blue, sandal wood and copabia. At the expiration of term a healthy child was born, I purposely neglecting the eyes to see what would happen. A purulent ophthalmia was the result, and in this pus I again got the biscuit-shaped coccus. A few drops of silver solution cleared up the conjunctivitis. Treatment of the mother discontinued through the lying-in period, but returned to after the puerperium for some two months. She was then pronounced cured, after some eleven months of treatment. The babe is now a year old, and the mother has not had a return of the old symptoms.

Conclusions. Are we to judge from this that the cystitis was produced from sexual life or gestation? No, for she had suffered thus all of her life. Then are we to conclude that this was a neurosis, and after childbirth that the condition righted itself? I think not, but that the gonococcus, pure and simple, was the cause of the whole affection.

CASE 2. Mrs. J., age 37; married; had gonorrhea some fifteen years ago; was cured, and married some twelve years afterwards. Three years after marriage her husband appeared before me with a well marked case of gonorrhea. Ten days afterwards I was called to see his wife, whom I found to be in a like condition. The old story,—"Doctor, where and how did I get it?" "You know

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best," was my answer. This could happen and both be true to their marriage vows, thus: Werther made some interesting observations along this line. A direct experiment with pure culture from a gleety discharge of two years' standing gave the following interesting results: (1) Attempted re-infection of the original urethra with this culture was always a failure; (2) the culture, when transplanted to a coccus free urethra, produced a typical acute gonorrhea; (3) infection back again to the original urethra gave a fresh gonorrhea, which, after a typical acute course of five or six weeks, again subsided into a chronic gleet. Thus, by passing the coccus through another individual—that is, through a new culture ground, they became again virulent to the urethra, which was invulnerable to them before.

This explains the fact that an apparently healthy subject of chronic gonorrhea may infect his hitherto uninfected wife and become again infected from her, i. e., the gonococcus, by passing through the new culture of the wife, again becomes virulent for the husband. In due time each becomes tolerant of the germ, which, however, may develop acute infection in another person. We can now understand why the gonococcus, even after years of apparent cure, may regain its full virulence.

CASE 3. Mr. D., age 40; had gonorrhea at age 20; after some six or eight weeks was cured (?); married at 40, and some sixty days afterwards came to me with an acute case of gonorrhea, which ran a typical course. The wife had a mild cystitis, which she attributed to the excitement of the sexual relation, that soon subsided. On examination nothing could be detected the matter with her, but she has been married some seven years and has had but one child.

Now, gentlemen, do not understand me to take the position that gonorrhea can not be cured, but I do have reasons for believing that the gonococcus does sometimes linger for years in and about the genitalia. As in the case of little girls,—they become infected from the fingers or wash cloths of the nurse, carry these cocci all of their lives, and may infect their husbands after marriage, as in my case of twenty-seven years' standing.

Dr. Keiller of Galveston, reported a case to me where he had every reason to believe the individual had harbored the gonococcus for thirty years.

Cases of ophthalmia neonatorum, i. e., the purulent variety, I am satisfied if we would examine the secretions we would find the gonococcus far more often than we as general practitioners believe.

Now, there is another side to the gonococcus which we as physi-

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cians should be more alert to, and that is the systemic affections. It must not be forgotten that within the past few years it has been proved time and again that the gonococcus may find entrance into the general system from the urethra and there cause the most disastrous consequences. While the dissemination is usually due to venereal disease, it is to be remembered that any susceptible mucous membrane, as the conjunctiva or mouth or upper air passages, may be the portals of entry.

Heimann has reported a case of gonococceamia in which he thinks it occurred through a wound. A similar case occurred in my practice after circumcision. Kimble reports cases of gonorrheal pyemia due to vulvo-vaginitis in children—some only—three months old. Gonorrheal arthritis is a condition familiar to all of us. This may develop into a chronic condition where our subject is a helpless individual, the remainder of his life. It has been said that every one between the ages of 15 and 60 suffering from acute arthritis, the possibility of it being of gonorrheal origin should be considered, and the development of endocarditis should not be considered as indicative of one condition any more than the other. However, as a matter of fact, endocarditis is more common in true articular rheumatism.

Lyden, in 1893, proved the presence of gonococcus in the heart, and since then many more cases have been reported.

Gentlemen, those who look upon gonorrhea as only a little worse than a bad cold,—a considerable number sooner or later find that they have a mistaken conception of the disease.

Puerperal Embolism.*

BY C. A. GRAY, M. D., BONHAM, TEXAS.

Lusk in his "Science and Art of Midwifery," says: "Thrombi owe their importance to the disposition they possess to disintegrate and form emboli, which are swept along by the circulation until arrested by the diminished caliber of the peripheral vessels. A small clot forming in the left side of the heart may block up an artery in the brain or in either the upper or lower limb. The symptoms of the lesion in the latter case are the absence of pulsation in the artery below the thrombus with pain, coldness of the surface, paralysis of the nerves of motion and sensibility of the

*Read before the North Texas District Medical Association, at Dallas, December, 1905.

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arterial obstruction be sudden and complete, and in some cases gangrene of the extremity affected.

"Of much more common occurrence are venous thrombi. Indeed, it may be stated that thrombosis of the veins furnishes the most frequent cause of sudden death in labor and during the puerperal period. As a rule, the clotting takes place in the femoral, the pelvic, or the uterine veins. Speigelburg states that the emboli which becomes detached during or shortly after labor proceed from clots *found at the site of the placenta.*

"The symptoms of stoppage in a large pulmonary vessel are intense dyspnea (air hunger, to use an expressive German term), fluttering heart-action, a feeble, rapid pulse, a cold skin, and striking pallor of the countenance. Death may follow in a few minutes, or, where the main trunk is free, the more violent symptoms may in the course of a half-hour subside to return, however, with the slightest movement or without apparent cause, the patient dying within a few days from abnormal lowering of the temperature, from dyspnea, and cyanosis; or, after a succession of attacks, the thrombus may be absorbed, and as I have once seen, complete recovery may take place."

Williams in his text-book of obstetrics, says of pulmonary embolism: "This accident, usually noted only later in the puerperium, but occasionally occurring shortly after labor, is due to the detachment of a small particle of thrombus situated in a uterine or pelvic vein or elsewhere, which is carried to the right side of the heart and leads to more or less complete occlusion of the pulmonary artery.

"Under such circumstances, the patient complains of intense and sudden precordial pain, becomes livid in appearance, and presents symptoms of profound dyspnea and eventually of air hunger. These embolism, however, are not always fatal. A small proportion of the patients recover."

He says further of embolism occurring during pregnancy:

"Embolism of the pulmonary arteries is a very rare complication during pregnancy. Barnes reports one case which ended fatally within a few minutes, while Sperling reported a second which eventually ended in recovery. The condition should always be borne in mind in cases of sudden death during pregnancy which can not otherwise be explained."

I have seen but two cases of these most serious and unfortunate accidents, both of which occurred during the puerperium, one on

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the twelfth day after delivery and one on the third, brief histories of which may be of interest to this society:

On February 2, 1899, the patient, a multipara, was attended by Dr. Carleton, who stated that labor was normal and uneventful. On February 14th, twelve days later, I was hurriedly called to see her, as Dr. Carleton could not be found just at that time. Upon my arrival I was told that the patient had endeavored to get out of bed to use the commode, and was suddenly attacked. Her symptoms were alarming. Intense pallor of skin, cold extremities, great dyspnea, a feeble pulse of about 180, precordial pain and fear of impending death marked the situation with gravity. Owing to the rapidity of the heart's action, a physical examination of this organ was very unsatisfactory; of sufficient importance, however, to eliminate organic disease.

While the dyspnea greatly interfered with a physical examination of the lungs, the recumbent posture was maintained and stimulants exhibited freely, hypodermically; perfect quietude was advised, but to return upon the least bodily movement, gradually becoming less violent until she was able to rest with moderate comfort.

The following day the temperature was elevated, and within thirty-six or forty-eight hours we noted a slight dullness, and absence of the normal vesicular murmur, with increased bronchial breathing over a small portion of one lung posteriorly. These symptoms gradually subsided by resolution and absorption, and on March 9th, twenty-three days after the accident, the patient was dismissed, having fully recovered.

The second case occurring in a primipara, whom I saw in consultation with Dr. Martin, who gave me the following history:

On January 15, 1905, he had delivered her; she had an easy, uncomplicated labor. Noted that the pulse was somewhat quickened; saw her the following day, at which time she was doing well, no fever, but pulse still quickened. On the morning of the second day her temperature was elevated to 101°; prescribed an antimalarial course, and at 7 p. m. temperature was normal. Saw her again on the morning of the third day at 11 o'clock. She was feeling well, her temperature normal, and was doing nicely; however, the pulse still remained quickened. She continued to feel well until 3 o'clock that afternoon. The nurse had prepared to change her bed and gown, and the patient had been helped up to the chamber, when she was suddenly attacked. Dr. Martin was called, and when he arrived, which was about 4 p. m., she was very pale,

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extremities cool, was suffering from precordial pain and great dyspnea. I saw her an hour later, at which time there was marked cyanosis, and she was inclined to sleep, although perfectly conscious when aroused. The pulse was very rapid and the breathing labored.

Her condition continued to grow worse and she died about nine hours later.

Abscess of Lungs—Operation.*

BY J. B. STINSON, M. D., SHERMAN, TEXAS.

O. B., aged 10, living with his parents near Dexter, Texas, on the 1st of March, 1904, while playing baseball and having completed a run around the ring or diamond and while breathing heavily, placed a pecan in his mouth and crushed it with his teeth, when a piece of the hull was drawn into his trachea. He went home coughing, and that night spit up some blood. He coughed considerably for about two months, when he raised some clotted blood. He got a little better after this and his parents thought he had gotten rid of the foreign substance, but coughed more or less afterward. On December 11th last, about bedtime, he began to suffer considerable pain in his right lung. He was treated with domestic remedies and had some fever and was in bed for about two weeks. For three days at the first of this attack he spit some blood. About January 15th his father, having him with him in Dexter, asked Dr. J. W. Rush to see him. The doctor, upon examination, found nearly the entire right lung solidified. Five days after this he was called to see him, and found him expectorating considerable pus and evidence of pus pointing in the axillary line about or between the sixth and seventh ribs, and he advised an operation. This was not acceded to until April 28th, or a little over three months. At this time I saw him and there was but a small portion of the lung—the upper—in which there was normal breathing, and he was raising considerable yellow pus at this time.

My conclusions were that he had had an attack of suppurative pleuritis and rather ignored the presence of the pecan hull.

An operation being decided on, incision was made and a section of, I think, the sixth rib was removed and an opening made, when quite a quantity of pus escaped. Introducing the index finger, a

*Read before the North Texas Medical Association at Denison, Texas, June, 1906.

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cavity of sinus was found extending into the interior of the lung about twice as large as my finger. On attempting to wash out the tract the water entered the bronchial tubes and produced such strangling that I had to abandon it. Owing to the tortuous condition of the sinus, I had to insert three drainage tubes.

Twenty-eight days after this, in a violent fit of coughing, he raised the pecan hull, which is here exhibited. During this time he had some temperature, but when last heard from, May 25th, his temperature had been normal for twenty-four hours preceding. Appetite fair and could lie on either side.

Hematuria.*

BY J. L. ROUNTREE, M. D., ARGO, TEXAS.

We have met here today to discuss matters of interest to every member of this association. Whatever we may accomplish in our profession, or however successful we be in our work, still we may be mutually benefited by our coming together and exchanging ideas along these various lines.

While we have a common interest and our difficulties, many of them, are the same, yet methods of meeting and solving them may be different.

Of all diseases none are more to be dreaded by the profession than malarial hematuria. It is a pernicious form of malarial fever occurring only in persons who reside in a highly malarial region and who have suffered from previous attacks of chills.

It usually attacks persons of dark complexion and of a bilious temperament, and I think more prevalent among girls who have just reached the age of puberty.

The disease is usually ushered in with a severe rigor, followed by high fever, vomiting and passing of red urine, which in the course of a few hours becomes almost black, profuse vomiting, severe body pains, and great prostration. The vomited matter, at the beginning, is generally highly colored, like the yolk of an egg, and later on changes to a very dark color, especially in extreme cases. The pulse is rapid and compressible. The temperature is usually 103° or 104° at the onset, but remissions and sometimes intermissions soon occur, although of short duration, to be followed in several attacks by another rigor. These rigors occur about every six hours.

*Read before the Titus County Medical Society.

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After each rigor you may look for an action from the kidneys, which will be a dark red color, almost pure blood.

Jaundice is constant to a greater or less degree, according to the severity of the attack.

ETIOLOGY.

The causes of the affection is malaria, and is produced by the identical parasite that all other malarial fevers are produced by. This is so well known throughout the profession that no shadow of doubt remains. From observation of those who have examined the blood microscopically, the autumnal parasite is the variety usually present.

PROGNOSIS.

This depends largely upon the treatment. All physicians, however, do not understand this troublesome malady. We are fast learning its nature and the mortality should not exceed 20 per cent.

TREATMENT.

Calomel is the simplest and best remedy. Of course, we should secure cinchonism as promptly and completely as possible by giving ten-grain doses of the bimuriate hypodermically every two hours until at least forty grains have been given.

Usually, the first thing I do when called to a case of malarial hematuria is to flush the lower bowels by giving the patient a warm enema of about one quart of water with two to four ounces of castor oil. If restless and vomiting, which they generally are, I give one-fourth grain morphin with one-one hundred and ninetieth of a grain atropin hypodermically to produce rest. I give calomel simultaneously with quinin, ten grains of calomel with a Waugh antiseptic every two hours until I secure a free action on the bowels. If I do not obtain the desired results from ten grains of calomel inside of ten hours, I give twenty grains, and as a general rule I never fail to get a copious action. I pay but very little attention to the kidneys so long as I can keep the stomach quiet and the bowels moving freely. After I get one or two actions from my calomel treatment, I discard it, following it with teaspoonful of salts in warm water every two hours. The patient will retain the warm salts better than you think for.

I never lose sight of the heart. I keep up my strychnin and digitalis. I never trust the stomach with absorption of quinin, in fact, with no other medicine that can be administered hypodermically.

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I give no hemostatic remedies; as a diuretic, nitrate of potash is my favorite medicine.

Keep the body sponged and change clothing frequently. Begin nourishment as soon as the stomach will admit. I watch for complications, such as nephritis and uremia.

There is one thing I wish to impress upon the profession, and I think a very important thing to bear in mind, that is, just so long as you keep the stomach quiet and the bowels moving, you will be successful in nine cases out of ten. This has been my experience, especially where there are no complications such as above stated.

Written for the Medical News.

Internal Medicine vs. Surgery.*

BY W. F. WEST, M. D., WAXAHACHIE, TEXAS.

The science and art of healing the sick and injured, rather naturally divides itself into two great specialties: the practice of medicine and surgery. These two divisions are subdivided, rather artificially, into various other specialties.

Surgery is very attractive to the average doctor, not always that he desires to operate himself, but to see another operate he will often put himself to great inconvenience. You remember, when a medical student, how you scrambled with your fellows for the seats nearest the arena, when the surgical clinic was on hand; how you remained for the last operation, though it ran over your dinner hour. The same spirit still pervades the medical profession, after student days have passed. The attendants at a post-graduate school watch the bulletins for operations at the various hospitals, and eagerly look for tickets to operations which are frequently handed out to the class. They will leave the medical clinic, where they can learn diagnosis and treatment of heart lesions, lung ailments, nerve disorders, etc., which they may come up against any time, and run off after an appendectomy, hystorectomy or some other ectomy, otomy, or ostomy, which they may never have occasion to do. We will leave our practice for a day or two to attend the operations of some renowned surgeon, and let valvular heart lesions, incipient tuberculosis, nephritis, diabetes, etc., slip by us unrecognized.

The surgical section in society work is usually the one in which

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*Read before the North Texas District Medical Association at Dallas Texas, December, 1905.

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the most interest is manifested, even by members who never so much as incise an abscess. The inordinate craze for surgery is also manifested by the laity. They have a more than ordinary respect for the medical gentleman who wields the knife freely, and think his skill also extends to the other departments of the healing art. Some doctors have the same complaint. Many surgeons have read on, thought of, and practiced surgery, to the exclusion of medicine, till they have become medical nihilists. The action of drugs is not tangible enough for them. They have become doubting Thomases, and must thrust their fingers in or "they believe not."

An eminent operator remarked that "There is a great field for the general practitioner in diagnosis, but there is not much in therapeutics." I am glad to state that not all surgeons, by far, are of this opinion, and will, for one example, refer to the article on appendicitis in Senn's Practical Surgery, published in 1902.

Everything being equal, the best surgeon is the man who spent some years in general practice, and better, if a good part of the time was spent in on out-of-the-way country location, where he had to depend on his ingenuity, and do much with little; no hospital, trained nurse, instrument house or expert assistant at hand. Such an experience develops self-reliance, and a resourcefulness that the city-raised hospital surgeon rarely attains. Such a man could hardly become so one-sided, so badly unbalanced as to say, "There is not much in therapeutics."

Surgery and medicine should have no conflict; should go hand in hand to the bedside of the afflicted, and work together for a common cause.

J. M. Anders, in a recent edition of his "Practice of Medicine," advises that, in treating appendicitis the physician should always call to his aid the council of the surgeon. And that appendicitis has a medical as well as a surgical aspect. I refer you to Senn and Anders as before mentioned.

The practitioner of medicine envies the surgeon's brilliant reputation and handsome fees. The layman looks at the work of the surgeon and says, "If my boy studies medicine, I will make a surgeon of him."

Some imagine the chief qualification of a surgeon is to be fearless in the use of the knife, to have an abundant stock of blind courage, if you please, a reckless disregard of consequences. A very dangerous quality to say the least.

In our great medical centers the practice of medicine is held

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in greater esteem, and most operators of ability recognize the merits of the man whose armamentarium consists largely of drugs.

Gentlemen of the medicine-case, you can add greatly to the reputation of your department of the healing art by a closer, more thorough study of your cases. You have perhaps been too superficial in your examinations, which has resulted in faulty diagnoses. You have not entered into the study of your department with that energy and zeal that will warm you up to your work. You have been pulling on a cold collar, and you fellows, especially the surgeon and layman, have observed you, and concluded there is not much in your job.

While you have been delinquent in the study and practice of diagnosis, you have been far more so in the consideration of drugs. How much time do you give to the study of materia medica and therapeutics?

Is it not a fact that too often with an imperfect knowledge of the nature of the malady, you do about as much for the patient as he could have done for himself with a bottle of patent medicine, by giving a lot of "ready-to-hand-out proprietary stuff" which is recommended for the complaint you imagine the patient has?

I feel sure I am not putting the case too strong, and that herein lies the cause of medicine suffering so much by contrast with surgery.

Gentlemen, it is not the purpose of this paper to decry surgery. All honor to its brilliant achievements of the past, to the grand work now being done, and to the glory of its future prospects. But the man of medicine must have due consideration. He has a very important place to fill, and must come up to the high standard rightly expected of him, and claim his share of the honors the world has to bestow. To do this, he must study pathology and diagnosis critically and not neglect the study of drugs.

Let me also call attention to the importance of recognizing the value of physiological therapeutics, general and personal hygiene, as agencies which, if understood, so as to be properly applied, will contribute much toward good results. If the regular physician had in years gone by given due attention to massage and Swedish movement, the osteopath could never have duped the people as has been done.

Medical societies are most excellent agencies for stimulation to greater effort, and a potent means for continual and substantial improvement. We should take an active interest and part in them, from the country to the district and State organizations. Sup-

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port them by our presence, and by always performing, as best we can, whatever duty may come to our hands.

Diet in Tuberculosis.

Herbert Maxon King declares that disturbed metabolism is essential to the development of tuberculosis. If, in all respects, the cell is normally nourished, it will be sufficiently resistant to the invasion of the tubercle bacillus. As a rule, one is able to trace errors in nutrition antedating by months and often by years the probable period of infection in a given case. The diet question in the case of tuberculous invalids is more than one of calories. It can not be solved merely by arriving at theoretical standard amounts and relations of proteids, fats, and carbohydrates. The tastes, habits, and peculiarities of the patients, and their heredity are important factors. Variety, preparation, and the manner of serving foods are all important. Psychotherapy is more important in diet prescriptions perhaps than anywhere else. In the study of these cases the food requirements should be determined and met, if possible, and the dangerous error of overfeeding should be avoided.—*Medical Record.*

The Treatment of Stammering.

Elmer L. Kenyon advances three main ideas in his discussion of the treatment of stammering: First, education, that the patient may conscientiously learn how to handle his speech apparatus; second, discipline, that he may overcome a firmly-rooted and stubborn habit; and third, correction of general organic disability, and of peripheral abnormalities, in order that the delicate mechanism of speech may not be physically interfered with. The patient must at once be made a student of normal speech from the standpoint of the technique of its production. This new knowledge must be immediately put into practice. Speech is now no longer automatic, but becomes a function governed in detail by the consciousness and the will. The patient will gain control of his speech mechanism and direct it in detail. But even then the subconscious nervous structures must be held well in hand until they can be entrusted to assume control. This defect should be corrected at an early stage and firmness of purpose on the part of the patient is one of the important elements in its successful treatment.—*Medical Record.*

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A PLEA FOR THE BABY'S EVERYDAY MEAL.

During this advanced age with the oftentimes obliging physician, the society demands and the enterprising and enthusiastic imitators of mother's milk, there are entirely too many cases of the mother not nursing her child as a result of some one of the causes set forth above. However, we start out with the assumption, which we believe will be granted by every one, that the milk of the ordinary healthy mother is far superior to any combination or preparation known for the health, growth and happiness of the average child. Hence we desire to impress upon the profession the importance and necessity of insisting, as far as possible, with, of course, legitimate exceptions, that the mother should invariably nurse her own child and only supplement by artificial feeding when the milk supply is not sufficient. It is surprising how many mothers neglect this most important function of nature in rearing their children. Some say, "Why, I can not go to theaters; I can not spend my time in social functions, because the time of feeding for my child would demand that I should be elsewhere"; others for esthetic reasons, and we make the bold and broad statement that it is a duty incumbent upon the mother of every child, if healthy and capable of doing so, that she should nurse her own child. In writing this

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editorial we would not for a moment have our motives misunderstood; nor do we desire to condemn a large majority of the devoted and attentive mothers to the children of this country who make every sacrifice known for their health, growth and happiness, but rather to call the attention of members of the profession to this growing evil, so that they may take active steps for its prevention wherever an opportunity arises. Here this natural food has all the essential elements, in the proper proportions, served hot and tempting at regular hours, for the convenience, happiness and rightful growth of the child.

NEW YEAR RESOLUTIONS.

As we stand upon the mountain peak looking behind us we see the past year with its successes, its failures, its joys and pleasures, its sorrows and disappointments, and as we turn to bid it a final farewell and cast our eyes upon the opposite side to the oncoming new year with its possibilities and with its uncertainties, we should each and every one arm ourselves with the determination of going forth to accomplish more in this world for good, and to excel in every possible way and to make decided improvements over the last. So let us all make good and wholesome new year resolutions, with the determination of carrying them out to the best of our abilities, even though we do not succeed with them all; yet, when the last final count is made at the end of the year, let us hope that the grand total exceeds that of the past year by a large majority.

The physician who is not ambitious, determined and energetic and who does not reach out to accomplish things never before accomplished, who does not have high ideals and who does not make an effort to constantly and steadily move forward to them, will naturally drop behind in the race of life. So let all be up and doing and forge to the front and crown their efforts with success. If a general practitioner of medicine, then improve in that line—have better text-books, do more reading, more fully equipped offices, with appliances and methods of examination, be more careful in detail work, when it comes to making a diagnosis, watch your cases more closely and look out for the danger signals, which are hung out almost invariably, if you are able to recognize them, in advance of the fatal termination of any case, and resolve as a whole to make progress in your particular department. If a surgeon, then study closely and carefully pathology and pathological anatomy, review the grosser as well as minuter details, keep posted

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in the great advances which are being constantly made in the surgical field, do not niggardly spend money in procuring all of those necessary appliances and apparatus so important to the successful management and proper performance of many of the more difficult operations; keep fully up to the standard so admirably set in this country, by the great American surgeons, who are unexcelled in the world today. So in every other department of medicine and surgery. Let those who follow any particular branch be up and doing; if necessary, burn the midnight oil.

We wish each and every one of our readers greater success for the year 1907 than crowned their efforts in 1906.

Notes and Miscellany.

WASHINGTON POST.—A preacher who went to a Kentucky parish, where the parishioners bred horses, was asked to invite the prayers of the congregation on Lucy Gray. He did so. They prayed three Sundays for Lucy Grey. On the fourth he was told he need not do it any more. "Why," said the preacher, "is she dead?" "No," answered the man, "she won the Derby."

THE ANTIKAMNIA CHEMICAL COMPANY of St. Louis, Mo., has recently issued its annual calendar, the subject this year being entitled "The Convalescent," reproduced from an original painting by Miss Magnus, exhibited in the Manchester Academy. Copies of this calendar may be obtained gratis on application to the above company.

DR. W. E. FITCH, editor of *Gaillard's Southern Medicine,* has removed from Savannah, Ga., to New York, his address being at 21 West 97th street, where he will continue his editorial and professional work.

GENERAL RULES FOR DYSPEPTICS.—The following general rules are applicable to all cases of dyspepsia and indigestion:

1. Eat slowly and masticate thoroughly.
2. Drink fluid an hour before or two or three hours after meals, rather than with food.
3. Eat at regular hours.
4. If greatly fatigued, lie down and rest quietly before and after luncheon and dinner or supper.—*Ex.*

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THE CHICAGO HEALTH DEPARTMENT has sixteen men inspecting public schools, and has asked for an appropriation to employ a hundred inspectors.

FOR SALE.—A nice, clean, up-to-date stock of drugs—a good business established. The store for rent or sale. Address, Frank Ashby Drug Co., Rockett, Texas.

RESOLUTION PASSED BY TULANE UNIVERSITY.—The following resolution was passed at a recent meeting of the Board of Tulane University:

"Resolved, That in accordance with the unanimous recommendation of the University Council, the age limit of all professors and teachers, assistants and officers, paid a salary, and all persons eligible to pensions under the Carnegie Endowment in this University, is hereby fixed at 65 years, and the tenure of office of all persons as have reached the age of 65 years, shall expire as soon as such age is reached, unless by special order of the Board any such person shall be continued in his position.

"Resolved further, That this resolution shall go into effect on July 1, 1907."

SUCCESS.—A Kansas woman, Mrs. A. J. Stanley of Lincoln, has been awarded a prize of $250 by a Boston firm for the best answer to the question, "What constitutes success?" She wrote: "He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to exprses it; who has always looked for the best in others and given the best he had; whose life was an inspiration; whose memory a benediction." --*Medical Standard.*

Winks—"Good morning, Thinks. How is your opsonic index today?"

Thinks—"Poorly, sir, poorly. sir. My early morning inoculation of Anti-indigestion Serum has caused an agglutination of the Gastriccocci and they refuse to act. My doctor says I must have an injection of Bacteriolysin to liberate the polymorphonuclear

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leukocytes which he assures me, sir, will have a prompt phagocytic action."

Winks—"What a narrow escape."—*The Clinical Reporter.*

A CHANGE IN EDITORS.—Dr. J. R. Phelan will have associated with him in the Oklahoma *Medical News-Journal,* Y. E. Colville, B. S., M. D., formerly of Chattanooga, Tennessee. Dr. Colville will devote his entire time to the editorial department of the *Journal,* while Dr. Phelan will act as business manager, also giving part of his time to the editorial department.

The St. Louis Globe-Democrat of Sunday morning, December 23, contained the following very interesting account of some of our prominent Austin people, accompanied with a large half-tone picture of Mrs. Smith and her two boys.

Austin, Texas, December 21.—Master Matthew Mann Smith and Master Stephen Girard Smith of this city are musical prodigies. Matthew is 11 years old and Stephen is 9 years old. They are the sons of Dr. and Mrs. M. M. Smith. Their mother is a daughter of Judge and Mrs. A. W. Terrell of Austin. Mrs. Smith before her marriage resided with her parents in Constantinople during the time that Judge Terrell was minister of the United States to Turkey. She is a noted musician, and was decorated with the order of Shefokat by the sultan of Turkey, and was awarded a medal of music.

These two young sons of Dr. and Mrs. Smith began to show their musical talents when only 3 years old. At that early age they rapidly picked up tunes and whistled them with a clearness and accuracy that was most remarkable.

In 1903, when Matthew was only 8 years old and Stephen was only 6 years old, they were one of the attractions at a musical program which was rendered at the Texas building at the World's Fair at St. Louis. On that occasion they gave a whistling performance.

It is as violinists that these two remarkable boys promise to win great fame. The violin training of Matthew dates back two years, while Stephen did not begin to take lessons on that instrument until less than a year ago. Their progress has been almost magical. The most difficult musical problems are solved with a quickness and aptness that is almost startling to the professional musical instructors and critics of this city. One Sunday recently Matthew

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played a violin obligato for his mother to sing "Ave Maria" at the First Congregational church of Austin. In honor of his playing, Rev. R. J. Briggs, pastor of the church, preached a sermon entitled "Music."

Matthew plays sonatas and concertos, and Stephen plays music almost as difficult. The two boys play together in many difficult compositions. Their renditions are pronounced perfect by the most expert musical critics who have heard them. Efforts have been made to have them appear in public performances, but if they ever do this it will not be until their musical education is finished.

The two boys have been given every advantage in the matter of developing and training their natural talents for music. Their mother has been a great aid to them, although their musical instruction has been at the hands of the best teachers that are to be found in the State. Mrs. Smith's help comes in seeing that the boys devote the proper time to practice and in other things which have a bearing upon their musical education.

Matthew and Stephen are no different from other boys when it comes to a love for youthful sports of various kinds. They take great delight in all kinds of outdoor sport, and are the pictures of boyish health. They are well advanced in their regular public school studies, and are in all respects splendid examples of well-balanced, typical young Texas boys.

Abstracts and Selections.

The Clinical Atmosphere.

The sick room is at once the hope and the despair of the invalid and his friends. For the layman it has always the color of misfortune or disaster. Those interested or the curious present themselves with anxious countenances on which is written doubt, and the advent of the physician or surgeon is awaited with hushed voice and bated breath. Audible questions are propounded which unsettle the composure of the patient, especially if answers are returned of a doubtful character. There is usually an odor which permeates the surroundings entirely foreign to those to which the patient is accustomed, one which he identifies as of the hospital—a street accident or the sick room from which he has seen the body of a near one, family or friend, carried to its final resting place, far beyond his further sight or association. The patient,

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unusually acute and alive to his surroundings, sees, hears and takes mental note of all these things, and the effect for good or bad is dependent upon whether the atmosphere and attendants are cheerful or otherwise.

What can the physician or surgeon do to lessen these evil effects, prevent shock and give a wholesome psychical influence to his patient, an assurance that, with the patient's help, all will end satisfactorily? Everything depends upon this reassuring influence. A look, a steady hand, actions which will indicate to the close observing patient that the physician has the case or emergency well in hand. These factors carry great weight. Then officious friends or spectators should be excluded from operations and from the sick room. Caution should be exercised by the operator not to remark upon the merits of the case to assistants while administering an anesthetic, for in that borderland between consciousness and complete anesthesia remarks are comprehended, and if they happen to be of an unfavorable character, doubtful as to the outcome, carry such weight, so influence the patient's mind that no amount of after assurance will totally eradicate them, and consequently harm is sure to ensue. The writer calls to mind one case in particular where an unfortunate remark by the surgeon while the anesthetic was being administered operated to produce so profound a shock that the patient died an hour after regaining consciousness, repeating the surgeon's words, "What's the use, he'll die anyway." The operation disclosed a condition which was most hopeful for speedy and lasting recovery. It was clearly a death from psychical influences.

Another case was one of difficult childbirth, when it became necessary to administer an anesthetic in order to change the presentation of the child. The attendant introduced his hand while the patient was in that borderland or in a semi-conscious state, and audibly declared that, in his opinion, the child's head would have to be crushed before delivery could be effected.

The results were disastrous to the mother. How much of this was due to the uncalled for and untimely words we will never know, but the writer, who was administering the anesthetic, will always believe that this mother's death was not necessary. There was nothing to justify it other than the profound shock produced by the remark. To a sensitive woman who has gone through the trying nine months of pregnancy, who has for all this time looked forward to and prayed for a happy issue out of her travails, to be told that it was for naught, that her first born must be mutilated while still in her body, was alone enough to take the very life

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from her. Every care should be exercised to counteract the depressing effect of a clinical atmosphere both in the operating and sick room, and it is upon the physician that this responsibility rests. Let there be sunshine in plenty; let cheerfulness and an abundance of hope shine from every face, and let there be no depressing or disheartening words uttered in the hearing of the patient. Let the physician be a fearless and confident commander, go about his duties feeling and showing in his every action that he is master of the situation, and in the great majority of cases this deportment with its corresponding cheerfulness will be communicated to the patient and he will become the willing and obedient soldier with supreme confidence in his commander to the end that there may be a happy issue out of his misfortune.—*Editorial in Dietetic and Hygienic Gazette.*

The New A B C of Tuberculosis.

BY HENRY WATSON RUFFNER.

A is for Air,
  Which, inhaled in large doses,
Will do much to cure one
  Of tuberculosis.
B is Bacillus;
  Known, too, as the "Bug."
But how to get rid of him—
  Ah! There's the tug!
C is for "Chasing
  The Cure" with a will—
And you do your best *chasing*
  When sitting quite still.
D is the Doctor,
  Whose wise Diagnosis
Revealed the glad fact
  That you'd tuberculosis.
E stands for Eggs,
  Luscious fruit of the hen.
In the course of the day
  You should take about ten.
F is Forced Feeding;
  Just "stuffing," I ween;
For you stuff at your meals,
  And you stuff, too, between.

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G stands for Germ,
  Which is short for Bacillus;
'Tis queer that so small a thing's
  Able to kill us.
H, Hemoglobin;
  How's that for a word?
And how fine to be those
  Among whom it is heard!
I is the Idiot—
  "Rough's it" to test
The value of exercise,
  And—you know the rest.
J is for Jolly,
  For Joke and for Jesting.
There's lots to amuse one
  While quietly resting.
K is for Kissing—
  That pastime delicious!
But doctors now brand it
  A habit pernicious.
L is for Laughter;
  Enlivens the heart;
It will scatter the blues
  And new courage impart.
M is for Milk,
  And is also for Meat;
Though the former's for *drinking*,
  The latter you *eat*.
N stands for Nerve,
  Which is also called "grit."
And in "chasing the cure"
  You will need quite a bit.
O is Outdoors,
  Where the air's pure and plenty;
Stay out of the hours
  Of day about twenty.
P for Pale People,
  Of pallid complexion—
Exactly the kind that are
  Prone to infection.
Q is for Quest
  We are making for health;
For without it, what profits

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Ambition or wealth?
R is for Rest.
This, with pure air and food,
Soon will put the poor patient
Once more to the good.
S, Sanitarium;
Place to get well.
More important than climate,
As all who know tell.
T is your Temp.;
When it's ninety-eight-six,
You are perfectly normal;
Your temp in good fix.
U; what's the Use
All your ills to rehearse?
It makes them no better,
And makes them seem worse.
V's one's Vitality;
On it depends,
Much more than all else,
Just how quickly one mends.
W's for Weight,
And for Watching and Worry;
O pshaw. Take it easy,
No cure in a hurry.
X, Y and Z are the
Things without end,
To which the poor patient
Will have to attend.
& if he is faithful
In making his fight,
Why, it's sixteen to one
That he'll come out all right.

In Primitive Fashion.

In the little seaside town of Lahinch, in the western part of Ireland, a place which is being developed through the tourist and golf boom. A few years ago the public bath, like most other institutions in the village, were very primitive. They were situated in a little cottage, which was just above the high-water mark.

Shower sea baths were a specialty, and they were to be had in a

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room which had a bath tub placed in the middle of the floor. On pulling a string, a perfect deluge of bracing sea water came through the ceiling.

One day a lady visitor stood ready in the tub and gave the dread signal. But instead of the usual avalanche of green water, there came from aloft the gruff voice of the fisherman proprietor of the baths.

"If ye'll move a taste more to the west, ma'am," said the voice, "ye'll get the full benefit of the sower."

Looking up, she, to her horror, descried the old fisherman standing by an aperture in the ceiling, and holding a barrel of sea water ready for the douche. Whether she moved to the west and received the shower or not is not recorded.—*O. K. News-Journal.*

The Future of the Negro, From the Standpoint of the Doctor.*

BY JOHN N. UPSHUR, M. D.,
Ex-President and Honorary Fellow Richmond Academy of Medicine and Surgery; Ex-President and Honorary Fellow of the State Medical Society of Virginia, and of the Tri-State Medical Association of the Carolinas and Virginia; Honorary Fellow of the State Medical Society of West Virginia, &c.

The conspicuous problem of the negro, his relation to the white man, and his destiny, has been a theme of unfailing interest since as one of the results of the Civil War of '61-'65 he was made a freeman, and endowed with the rights of the ballot. It is not my purpose in this discussion to deal with statistics; enough of that has been done. The negro in the South is a potent factor of the problem of domestic and political economy. The views of the writer are based upon personal observation of the negro, as a practitioner for nearly forty years. The present conditions and the future destiny of the negro race are dependent upon the persistent environment since freedom was thrust upon them. All of the conditions existent in regard to the negro before the Civil War tended to health and longevity. Due care was taken as to housing, food and clothes, that the best hygienic conditions should obtain; when ill the best nursing and medical attendance that money could command. The religious side was carefully looked after, and the happy song and laughter of the negro was proverbial. He had no care and no thought for the morrow, he looked up to his master,

*Read before the Richmond Academy of Medicine and Surgery, September 11, 1906.

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and relied on his interested care. The faithful service of the race during the Civil War in the care of the women and children of the South, and the cultivation of the lands for the production of the necessities of life, forms a striking contrast to the thriftlessness of the generations succeeding the Civil War. The unnamed crime was then unknown; what a horrible record has been made in that matter since he became a freeman. The heredity of the negro coming down from his savage ancestors, is to have *always* what he desires, to get it by fair means if possible, if not by brute force; this is the explanation underlying the horrible lust which provokes his attack upon the white woman. From the observation of the writer he is persuaded that the negro is degenerating as a race, *mentally, morally* and *physically.* It is not to be denied that some have been industrious and thrifty, and have accumulated property, but this can not apply to the masses. Nor does it tend to exemption from disease, or prolongation of life, to have the culture and comfort to which a minority have attained. What has the race done at any time or anywhere, apart from the white man. *It is the only race on earth which has no race pride.* The white man has pride in the fact that he is a white man; so with the Mongolian, the Indian, the Chinese—they wouldn't change with any other race. *Per contra,* the negro is ashamed of the fact that he is a negro, he apes the white man and wishes to be like him. How many of them who have accomplished anything have a large admixture of *white blood* in them. Up to a certain point they learn rapidly, they learn by rote, with wonderful facility, but are not practical in the application of what they learn. The race is essentially emotional and religious, but alas! the religious principle does not seem to take hold and be a practical factor in the government of the life and conduct. This is especially manifest from the animal and lustful side; by heredity the negro is polygamous, and he seems unable to grasp as an influence on his life, the clean moral sense in his sexual relations. The writer could give illustrations that have come under his own observation, did space allow.

The factors influencing the future of the negro race, are, race suicide, venereal diseases, nervous disease, tuberculosis, and back of these, environment, upon which foundation depends everything.

The negro of today is opposed to bearing children, consequently abortion and infanticide is common among them. Infidelity to the marriage relation and disinclination to have the care and responsibility of children have much to do with this state of things. The children born are deficient in stamnia, many of them are rickety, many more tuberculous; others perish as the result of

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indiscrete and indiscriminate feeding during the early years of life. Examination of figures, I believe, will show that the prepondering mortality is among the young negroes; it is the *seed corn* perishing. The census taken every ten years is not as conspicuous in its evidence as it might be, because it shows the birth rate, but not an accurate comparison of the death rate, because many of the negroes live beyond the decimal period of the census; nevertheless, the mortality is inevitable, and the longevity of the race is growing progressively less. The old negroes are those who had attained adult life at the close of the Civil War, or were born immediately after. Conditions favorable to robustness of constitution, and longevity have been growing progressively less. The question of quarantine with the negro in the matter of contagious disease is a serious problem in every Southern community; in a disease like smallpox, it is easier than any other, because more easily discovered; but diphtheria, scarlet fever—all of the exanthems in fact, and tuberculosis, are a constant menace to themselves, and in a less degree to the rest of the community in which they live, all because the report of the cases of these diseases among them is of necessity of the most imperfect character, and the problem of isolation a difficult one. The tendency to overcrowding, lack of proper hygienic conditions in their homes, failure in the matter of personal cleanliness, all have their influence in the development of disease. Again, when sick nursing is defective or entirely absent, medical attention *now* largely from physicians of their own race, and their poverty often puts it out of their power to procure the medicines and diet necessary for their comfort. To my mind, there is no question of the fact that the stamnia of the negro has failed, his resistant power to the depressant effect of serious disease is growing less; when he gets seriously ill he dies. The negro is not temperate—alcoholism, doping with cocain and other drugs is growing, and bearing its legitimate fruit, manifesting itself in physical decay and nervous and mental breakdown. So recently after the war as 1868, while resident physician in a Freedmen's Bureau Hospital with a capacity of five hundred beds, and an average of three hundred and fifty patients, the writer made from 250 to 300 autopsies, and it was the very rare exception, in not more than two per cent, was the evidence of tuberculosis absent in some organ of the body, often when not suspected previous to death. This, be it remembered, was only three years after the Civil War, when many of the conditions existing during the days of slavery were still in force in giving strength of constitution and stamnia. Ride about the streets of any South-

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ern city, observe how many rickety and deformed negroes will be seen, observe the ashy pallor on the faces, and the generally unhealthy look which many of them have. Observe, too, the number of young negroes, males especially, walking about in idleness, neither working nor desiring to work. Contemplate the number of criminals in Southern prisons, and compare the present conditions with those prior to the war. A serious menace to the race is the prevalence of venereal disease; remember the far-reaching influence of gonorrhea, its effect in producing sterility, or limiting the woman to the bearing of one child, because there is no more potent factor in the production of tubal disease, or septic infection when delivery occurs, the infection of the infant and subsequent blindness. Or, on the other hand, syphilis, the infection of the child, consequent still birth, or early death; its influence in the development of serious disease of the various organs of the body, or of the nervous system, and a factor in mental disease. No more conspicuous condition since the war is manifest than nervous diseases. Before the Civil War a crazy negro was almost unknown, *now* in the State of Virginia, no doubt a type of other Southern States, there is an asylum for their especial care, filled to its capacity, a thousand to fifteen hundred patients, with every variety of mental disease, epileptics, paretics, idiots—and numbers in the jails awaiting room in the asylum. Forty years of freedom and *so called improved* civilization has not diminished the superstition of the negro; he believes as much now in "Conjur" as he ever did, and not uncommonly it is the starting of mental alienation. Puerperal convulsions are common and difficult labor, whereas, before the war the old midwife was amply competent to attend the delivery, and distocia in the negro woman was of the rarest occurrence; death from these causes, including accidental and post-partem hemorrhages, is not uncommon.

A case of pulmonary consumption in the pure blooded negro in the days of slavery was almost unknown, it was only seen in the negroes of mixed blood, white or Indian; an occasional case of scrofula, the so-called "king's evil," as it was better known to them, was sometimes seen, but it was only a blemish and had little or no influence upon the general health or stamnia of the negro. Tuberculosis in every form is now the great enemy of the negro race. The proven contagious nature of the disease, the predisposing condition from a nutrition below the standard in the individual makes him an easy prey to the active cause when brought into contact with it. The tendency to overcrowding, unhealthy environment, personal contact. The tendency of migration from

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the healthy air of the country, to the less wholesome atmosphere of the town. Imperfect nutrition which comes from improper food, stale vegetables, defective meat, because cheaper. *Opposition to bacon and corn meal,* the common food of the slave days, in addition to abundance of fresh vegetables and fruit. Just think, my reader, draw the contrast, what does all this mean in solving the race problem? Many negroes emigrate to the North, allured by larger wages, computing not the serious effect of a colder and more trying climate. Many of them come home to die, or find their graves in their adopted homes.

The picture is pitiable, it is not overdrawn. The best of the race are making a struggle creditable both to their heads and hearts to uplift their race, but it can only retard the end for a fractional part. The handwriting is on the wall, the ever recurring history of the going under of the inferior race, before the stronger and more dominant white race, is inevitable. Not education or any other factor can withstand the inevitable result, and future generations will, I firmly believe, see the fate of the negro, similar to that of the red man.—*Charlotte Medical Journal.*

Etiology of the Social Evil.

CHARLES CHASSAIGNAC, M. D., NEW ORLEANS.

When I speak of prostitution, I do not limit the term simply to the avowed prostitute, but I include equally the clandestine prostitute. If we want to go back to the actual cause—the prime cause, as I understand it—of prostitution, we need not go into the details, as these have already been touched on both directly and indirectly in the other papers, but can say, broadly, it is civilization.

Prostitution is just as old as civilization, and will continue to exist as long as there exists what we today claim and boast of as civilization. I apply that fact in three ways:

1. Men, guided by the prevalent usages of civilization, either can not or will not marry when the natural sexual impulse has attained its proper force and calls for mating.

While I agree entirely with the spirit of the resolution which has been passed here, that continence is not incompatible with health, still I do believe most firmly that the individual is not absolutely in his normal state when unable to copulate in a natural way, to a reasonable extent, nor can we expect him to submit ordinarily to what I consider an unnatural condition; that is, that

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of constant repression of his natural impulses and desires, those which have been given him, after all, just as all his other functions have been bestowed on him. So, while I repeat, and I do not desire to be misunderstood that continence is perfectly compatible with health, yet the individual is not at his best and is not living a perfectly natural, normal life if, after those instincts and functions have developed, he is unable or unwilling to indulge therein.

As long, consequently, as a man either can not or will not marry, owing to the demands that are made on him through the usages of civilization, so long will a certain proportion of individuals infringe on the moral laws; and, unfortunately, just as long as the demand remains sufficiently pronounced the supply will be forthcoming for the violation.

2. On account of the usages and necessities of civilization, when men marry, or women, too, taking "man" in the generic sense, they either can not or will not follow the laws of natural selection.

They can not or will not be guided simply by their natural desires and inclinations, but marriages are made on one side or the other, or both, for other reasons. That is, the individual selects a partner whom he or she thinks useful or an aid in other ways than simply the higher relationship which should exist between man and wife. I do not mean simply the sexual relation, but true companionship, the higher point, of course, and sexual union for the procreation of children, which is, after all, what marriage should be.

But so many other things come into play that either the man alone, not having the companion that he should, strays off, or (unfortunately) frequently the woman, too, who for various reasons has married a man (let us put it perfectly plain, as we have to in speaking of these things), say, who is too old for her, will, sooner or later (a certain proportion of them), find a younger and more fitting companion; of course, after the first fall future ones are progressively easier.

3. The unnatural sexual lives that are often lived, due to the usages of civilization.

Either on one side or the other, if not on both, there is a desire to prevent or interfere with the natural result of married life; that is, conception, the procreation of children, and as long as it becomes necessary for either one or the other, or both, to take steps to prevent this natural result I think we are leaving the door wide open to the stimulation of prostitution, because, especially with the male, those of us who have a large experience in the treatment of genito-urinary diseases can say, I have no doubt,

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without any hesitation, that if the male is unable for any length of time continuously to indulge in normal sexual intercourse, but has to fall back on a more or less unnatural process at home, the time will come when he will manage to indulge in the normal way somewhere else. This may be very sad, it may be all wrong (I am not discussing that point), but it is a fact; it comes sooner or later.

Consequently we always come back to civilization as the true cause of prostitution. Any others, in my estimation, would be details and exceptions and should not count. The civilization of today leads us to live abnormal and unnatural lives, especially in regard to sexual matters. That is the cause of prostitution away down at the bottom.

It is not for me to go into the question of the remedy. Others have already presented it; others will again consider this question. The subject assigned to me was simply to state the cause of the evil. It is a question, then, if all this be true, whether, through science, through education, through the efforts of the medical profession, we can (more or less imperfectly, I am afraid, always at best) get people back to leading natural lives. If we do that, though the task is, I fear, next to impossible, it is, in my opinion, the only way that we can do anything to put a stop to or at least greatly diminish prostitution.—*American Medical Association. December* 22, 1906.

"Unnecessary Operations on Women."

ARTHUR DEAN BEVAN, CHICAGO.

SIR: In the last twenty-five years the treatment of disease has become, year by year, more surgical. As a medical student twenty-five years ago, I can remember the limited application of surgery as compared with its range today. In the college clinic we saw fractures and dislocations, stone in the bladder, osteomyelitis, operations for strangulated hernia and extravasaed urine, amputations, the removal of the breast, an occasional ovariotomy, and operations for malignant tumors. We saw practically nothing of the great mass of work which fills the modern surgical clinic today. No radical cures for hernia, no appendicitis operations, no stomach surgery, no kidney surgery, no gallstone surgery, no hysterectomies, little of modern gynecology, no resections of the intestines for carcinoma, no thyrodectomies, no laryngectomies, no brain or

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spinal cord surgery. These fields of surgery have practically been created since 1880.

Every one who has lived through the period in question, and who is in a position to compare the work of today with the work of twenty-five years ago, knows that thousands of lives have been saved and thousands of people have been freed from suffering by modern surgery. The advances have been marvelous. Modern surgery has been a great boon to humanity. Modern surgery has been so successful, it has become so easy to secure aseptic results, that there has grown up with it a curse, i. e., the doing of operations which are unnecessary and unwarranted. No class of operators has been entirely free from this curse, but the specialists, with their narrower range of vision and limited work, have undoubtedly suffered more from it than the general surgeon, who, however, has been by no means free from its influence.

The principal sufferers have been women, and the principal offenders have been men who have limited their work to gynecology. Women are the easy victims of the surgeon who advises and performs unnecessary operations. Nine out of ten women who consult a physican because they do not feel well will believe, if they are told so, that their sexual organs are at fault, and will submit to an operation if it is suggested that it is necessary for a cure. The result has been that where the general practice of medicine shows a wider application of surgical therapeutics than formerly, the practice of gynecology has become wholly surgical. There are many gynecologists who do not think of taking charge of a woman except for an operation, and the percentage of women who apply to them for advice, and in whom they find no indication for an operation, is so small as hardly to form, as the chemist would say, a trace in the sum total. This situation is an interesting study, and I shall endeavor to give my impressions of it.

Are all these operations necessary?

In reply to this question, I shall say that my own impression of the surgical work done on women, especially that done by men who limit their work to gynecology, is that certainly thirty per cent of it is unnecessary and unwarranted. These unnecessary operations are made up largely of the following:

1. Curettings without pathological warrant.
2. Repair of the ordinary torn cervix.
3. Amputation of the cervix.
4. The repair of the relaxed outlet, without any visible impairment in function.
5. The many operations for retroposition of the movable uterus.

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6. The operations for so-called cystic degeneration of the ovary, a condition which is found in almost all female cadavers, and which is physiological and not pathological.

7. The removal of the uterus for small innocuous fibroids.

8. The fixing of the palpable right kidney, which is so common in women, that, depending on the personal equation of the operator, it can be found in from ten per cent to thirty per cent of women.

9. Operations such as resection or removal of ovaries because they are believed to be the cause of reflex symptoms in stomach, back, etc.

If I am right in my statement that thirty per cent of these operations are unnecessary and unwarranted, what is the explanation?

Are these operators dishonest?

Are they ignorant?

Are they misguided surgical enthusiasts?

The answer is, that some of them are dishonest, some are ignorant and some are misguided surgical enthusiasts.

Some are dishonest, and operate for the patient's fee.

Some are ignorant of broad pathological principles, and operate on these cases because they have been taught by their professors and colleagues to do so.

Some are misguided enthusiasts, who are honest, who have good anatomical and pathological training, but who have so limited their vision to their specialty that they believe that it and they are the center of the pathological female human universe, about which all else revolves.

If I am right in my statements, what is the remedy for this condition, which so menaces modern medicine? I believe that it is publicity; frank, open discussion in just such journals as this, which is not limited to a single specialty, but is devoted to the broad field of obstetrics, gynecology and surgery.

A discussion in our medical societies of the subject of unnecessary and unwarranted operations might accomplish much good. Medical students must not be trained by the men whose misguided enthusiasm is responsible for most of this work. Operators must be made to realize more fully the great responsibility which is assumed in undertaking any operation, and must be made to see the criminal side to the unnecessary operation. Operators must broaden their horizon to cover the entire human body. The successful surgeon of the future will be the skilled general diagnostician who can operate. The gynecologist of today is

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extending his field and is operating on the appendix or kidney, gall-bladder or stomach, in many cases which, ten years ago, he would have submitted unsuccessfully to operations on the uterus and ovaries. The wider the territory which he covers, the better gynecologist will he become, and the fewer unnecessary operations will he perform.

I have limited my remarks to unnecessary operations on women because these present such a glaring evil, and I have singled out the gynecologist because he is responsible for much of this work. The same criticisms are to be made of the general surgeon or the operator in any specialty, who for fee, or through ignorance or misguided enthusiasm, submits a human being to the risks and costs of an unnecessary and unwarranted operation. All praise to the splendid achievements of modern surgery, all honor to the modern surgeon who gives his patients the benefit of operations which relieve suffering and prolong life; but what of him into whose hands a patient's life has been intrusted, and who for fee or fame, because of ignorance or enthusiasm, risks this life by an operation which is not necessary and is unwarranted?

We should recognize the existence of this evil and make every effort to do away with it.—*Journal Obstetrics, Gynecology and Surgery.*

The Treatment of Sciatica.

BY E. S. M'KEE, M. D., CINCINNATI.

[The prize offered by the *New York Medical Journal* for the best essay on this subject was awarded to Dr. E. S. McKee, of Cincinnati, and published in that journal for December 29. The article appears in full below.]

The first essential to the successful cure of sciatica, the hip gout of Pliny, is a thorough knowledge of the individual patient in hand. We should in the beginning institute a most exhaustive physical examination, not only of the sciatic nerve, but also of the entire nervous system, and the patient's whole body, family history, diseases, mode and place of living, business, habits of life, and diet. If the patient is a woman, especial attention should be given to a careful rectal and vaginal examination, for the disease in women is often due to pelvic tumors. One can not know too much about his patient suffering from this obscure malady.

Treatment should commence with that best of all starters, a mercurial purge, followed by salines. Constitutional elimination

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and general therapeutical measures to relieve pain and promote sleep should be the treatment instituted as soon as the diagnosis is positively settled and the causative relations made clear. Morphin should be used with extreme caution, owing to the very great danger in these cases of forming the habit. Rheumatic cases are generally benefited by the salicylates, syphilitic cases by the iodides, and gouty cases by colchicum and the salines. One of the best combinations of drugs in the acute stage is the following, which should be preceded by the calomel and the salines:

Aspirini (acetyl salicylic acid), dr. i, or 4.00 grammes.
Phenacetini (acetphenetidin), gr. l, or 3.33 grammes.
Quinin sylicylatis, gr. xx(or 1.33 grammes.
Codein sulphatis, gr. iiss to v, or 0.15 to 0.33 grammes.
M. Fiant capsule No. x. S. Take one every two or three hours.

Injection Treatment.—Hypodermics of very large doses of strychnin in the region of the painful parts have cured cases which were rebellious to every other plan of treatment. Injections into the region of the nerve of atropine sulphate, gr. 1-150, three times a day, also cocain injections as near the nerve as possible, are frequently followed by success. Deep injections of alcohol, cocain and alcohol, stovain (amylene hydrochloride), 80 per cent alcohol and the incorporation of 0.01 of cocain or amylene hydrochloride. Relief is obtained in about ninety per cent in from two to four injections. Relapses, generally after the fourth or fifth month, occur in about one-third of the cases, but yield readily after one or two injections. Betaeucain (benzoylvinyldiacetonealkamine) 6 per cent solution in 0.8 per cent salt solution, should be injected in the region of the sciatic notch. When a large wheal appears under the skin the needle is pushed down till a jerking shows that a nerve has been touched, then 70 to 100 c.c. are rapidly injected. Functional and complete relief is almost instantaneous. In a portion of cases only is a second injection necessary for complete cure. The hypodermic injection of sterilized air is sometimes quite beneficial, and should be conducted as follows: After sterilizing the region where the injection is to be made a sterilized hypodermic needle is inserted under the skin, and as soon as one is sure that no blood vessel has been punctured, a rubber tube is joined on to the needle and air from a rubber bag is injected by simple compression. To be quite safe, it is well to place a glass tube containing a little cotton between the needle and the bag. The injection should be stopped when the patient no longer com-

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plains of pain. A slight amount of massage should be used every day until crepitation disappears.

The rest cure of Weir Mitchell is beneficial in some cases, and the fixation of the limb in plaster of paris is good treatment, especially in those cases where the vocation necessitates violent exercise of the lower extremities. Change of occupation is often necessary to the active, or vice versa. The sedentary person should sit on a soft cushion to protect the nerve from pressure or injury.

Massage along the course of the nerve, even though painful, is often of benefit in relieving adhesions. In true neuritis massage is, as a rule, not beneficial. Massage, or better, mechanical vibration, is of value in the chronic stages where atrophy has commenced.

Hydrotherapy, judiciously administered, should always be accorded consideration. It has many cures to its credit. The wet pack administered at night is a very excellent means of relieving pain, as well as for influencing, favorably, the neurotic process. For this purpose we may use the leg of a heavy pair of drawers dipped in water at 65 degrees F. and placed in position like a stocking. A roller bandage is then applied so that the leg may be kept in perspiration all night. This is removed in the morning and followed by a warm water ablution and massage. Ten or twelve packs usually result in much improvement. The half combined bath in the subacute stage proves quite serviceable. Patient sits in a vapor bath, which comes up to the waist line only. This, while it does not exhaust the patient as much as the full vapor bath, allows a much higher temperature to be borne by the affected part; 110 degrees can be tolerated for from ten to fifteen minutes. At the end of this time the patient sits in a bath heated to a temperature of 95 degrees F. for eight minutes, and during the last three minutes a hot undercurrent douche at 102 to 112 degrees F. is applied to the affected limb. The combined bath alternated with the natural swimming bath is of value. The internal bath by the ingestion of large quantities of water is advisable.

Electricity.—The galvanic current should be applied to the nerve from four to eight minutes and should not exceed from three to five milliamperes. When the nerve substance has been involved gentle muscular stimulation with the uninterrupted galvanic current keeps the structures in good condition and prevents atrophy. The static spray (positive) locally is good. The apparent anodyn action of faradism in sciatica is due to its alterant action on the muscular tissue, and through the latter on the circulation. The blood supply is regenerated and the cry of the nerve for healthy

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blood is stilled. Painful applications of the faradic current are not proper.

Surgical Treatment.—In cases of long standing it is advisable to make an exploratory incision to expose the nerve trunk, incise its sheath, and free it from surrounding adhesions. Some good results of nerve stretching are reported and many bad. It is an operation which has not gained much commendation from the general medical mind. Myelitis has in a few instances followed, and nerve stretching is contraindicated when neuritis is present. There is a substitute operation called bloodless nerve stretching, in which, while the patient is under ether, the thigh is forcibly flexed upon the pelvis and the leg extended at the knee, and this position maintained for some minutes.

Cure is easier in the young than in the old, and in those of fair general health than those suffering from various serious chronic diseases. The more pronounced neurotic processes are not so amenable to treatment as the milder types, and one attack predisposes to another. The reason that some patients do not recover is that they are unable to pursue a persistent or systematic plan of treatment, and the physician, or more probably the physicians, who have had the case in hand have not had opportunity, owing to the frequent changes, to sufficiently study the case. Otherwise, the failure to cure must be due to the medical man not having studied his patient thoroughly enough, having overlooked some point. The only thing for him to do is to commence at the beginning, go it all over again, and try to ascertain wherein he has failed, for he has failed somewhere. An exact diagnosis of the condition is one of the first and last means of cure.

Qui bene diagnoscit, bene curabit.

Labor Obstructed by Unruptured Hymen.

The following case, which came under my care some time ago in North London, is worth recording. With an experience of over 3000 labors during the last twenty-three years, this is the only example of the kind I have had, though similar instances are mentioned in obstetrical works. The patient was a young woman who had been married about a year. When summoned to attend, labor had progressed for many hours, for the fetal head was well down on the perineum. The hymen was firm, rigid, and unyielding, and would not admit even the little finger. As this condition was obstructing labor, I made several incisions into the hard,

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fibrous material, after which delivery proceeded naturally. The perineum was slightly lacerated, but this was purposely left unsutured. The presentation was normal; no complications followed, and the mother subsequently did well.—*Edwin Chill, in British Med. Jour.*

Cesarean Section Performed by a Cow.

Mrs. W. E., aged 31, pregnant at full term with her third child, was standing in the road about sixty feet from the house, watching her husband unload hay from a wagon. A vicious two-year-old heifer charged her and inserted a very sharp horn into the abdomen near the anterior superior spinous process of the ilium. It penetrated the abdominal wall, uterus and membranes, but escaped the child. The point of the horn then emerged again just to one side and below the umbilicus. The result was two transverse rents, the upper one about five inches long and the other clear across the abdomen. The child was delivered through the larger opening and fell to the road, where it was picked up by the father. I made an eight-mile trip and arrived about twenty minutes after the mother's death from hemorrhage. The uterus was outside the body, torn clear across and inverted, with afterbirth and membranes, still attached. The child is still alive and doing well. I have found histories of several similar cases in Gould and Pyle's work on medical curiosities.—*W. B. Morse, M. D., Journal A. M. A.*

Lactation and Menstruation.

Karl Heil observes the relation of lactation to the return of menstruation during lactation, of whom 125 menstruated during lactation, that is 62.5 per cent. These women had 540 children while under observation, of whom 41 were not nursed. Of 478 lactation periods, there were 234 with menstruation present, that is, 48.9 per cent. Combining these results with those of other authors cited, the author finds that about one-half of all women menstruate during lactation. As the number of pregnancies increases, the liability to menstruate during lactation increases also. Menstruation does not seem to be an indication to wean the child, nor is there a liability to atrophy of the mammary glands after menstruation begins. No good reason for the return or continuance of menstruation during lactation can

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be given. A considerable number of women menstruate during one lactation and do not in the next. In all probability the women who menstruate during lactation represent the normal type, rather than those who have amenorrhea.—*Medical Review of Reviews.*

Injuries to the Child's Head During Labor.

Sachs warns the obstetrician that, other things being equal and, above all, the life of the mother not being in danger, it is wise to curtail the period of labor as much as possible, and not necessarily to wait until the child's heart action becomes feeble. Many children might have escaped epilepsy, idiocy and paralysis if the period of labor had been properly managed. He is firmly convinced that protracted labor is the most powerful factor in producing epilepsy, idiocy, or paralysis in the new born; one or often all of them are developed and may be due to conditions present at the time of birth. He further says that the medical men in attendance at confinements have for years followed a policy of indifference toward the welfare of the child, and have allowed too many children to be borne into the world after labor unnecessarily prolonged and in conditions that are a distinct disadvantage to society and to the individuals or the entire period of their natural lives.—*Journal A. M. A.*

Pregnancy and Labor Complicated by Interior Fixation of the Uterus.

Boyd reviews the literature with statistics of pregnancy of labor complicated by anterior fixation of the uterus and cites three cases of his own for the purpose of determining whether such operation is justifiable from the obstetrical standpoint. He concludes that it is unwise to perform fixation or suspension of the uterus before the menopause.—*Journal A. M. A.*

Manual and Instrumental Dilation of the Parturient Uterus.

Newell speaks of the various methods of dilatation of the parturient uterus with special reference to the indications for and the results of the use of the steel dilators as a substitute for the manual method of dilation, particularly in those cases in which come ur-

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gent indications for the termination of pregnancy or labor is present. Such conditions in a general way are hemorrhage, toxemia and diseases complicated by pregnancy, to which must be added the condition of abnormal rigidity of the cervix which Nature fails to overcome even after a fair trial. There is no doubt that the hand is the best and safest dilator, but its usefulness is limited by the fact that it is easily exhausted. The author describes a dilator invented by himself.—Edgar says that artificial removal of the barrier of the cervix can be accomplished in three ways, namely: (1) By stimulating the contractions of the uterus and increasing intrauterine pressure by the introduction of foreign bodies within the uterus, as the uterine bougie, the gauze tampon, or hydrostatic bags; (2) by overcoming the sphincter action of the cervix with the hand or hands or metal instruments; (3) by incision of the sphincter, as in deep cervical incisions, or vaginal Caesarean section.—*Journal A. M. A.*

Pulmonary Tuberculosis as an Obstetrical Complication.

Charles Sumner Bacon says that in many cases pregnancy has a bad effect on the tubercular process. There may be a rapid development of the tuberculosis in the lungs or an acute miliary fever may appear. The bad effect is much more apt to appear when the disease is advanced or the nutrition is low from other causes. In the latter part of pregnancy we have disturbances arising from pressure due to the enlarged uterus. The effect of tuberculosis on pregnancy is slight, except in severe cases with considerable fever and cough when abortion is common.

The fetus may be infected, but this is rare, and probably such infections take place when there is a solution in continuity in the placental partitions between the maternal and fetal blood. In the mild forms of the disease labor may be quite normal. In emaciated patients both uterine and abdominal contractions may be feeble and inefficient. This, combined with the weakness of the patient, is an indication for early interference. Generally it is the puerperium which shows most markedly the effect of consumption. If a tubercular process undoubtedly exists in an unmarried woman there seems to be no excuse for a marriage which can only result in dangerous complications. When considering the care of a married woman with tuberculosis we should prohibit preg-

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nancy except in exceptional cases. For these patients, artificial sterilization may be the legitimate operation. Before doing this we have to consider the possibility of recovery. When there is a possibility of a cure we must employ other means to prevent impregnation. When we have a pregnant woman we must decide whether or not the pregnancy should be interrupted. If the disease is not far advanced and the patient can have proper treatment and after care she should be encouraged to continue the pregnancy. On the other hand, if she can not have proper hygienic surroundings and care she may be advised to have an abortion performed. A case complicated with heart or kidney disease, with hyperemesis or with other serious acute or chronic disease furnishes additional indications for abortion. Abortion should be performed before the twentieth week. Later, an attempt should be made to carry the child to the period of viability. After the period of viability is reached and there is rapid or gradual failure of nutrition, due to stomach disturbances or to exhausting discharges, there will be important indications for premature delivery. Hemoptysis, exhausting uncontrollable cough or laryngeal or plural complications or other severe respiratory disturbances may call for an early operation. The method of operation should be that which furnishes quick relief from urgent symptoms and which assists and hastens labor. Under no consideration should the mother nurse her child, and it should not be kept in the same room.—*Journal A. M. A.*

Leprosy in Cape Town.—News reaches London of the alarming spread of leprosy in the Cape Colony. The recent introduction of coolies into the Transvaal country seems to have resulted in the introduction of leprosy, of which there are more than a thousand cases in the Cape Colony.

Bobby on the Human Body.

The human body was first supposed to be made up of 208 bones, but later discoveries have developed the fact that it contains 208 bones and an appendix. An appendix is something which is added on, like a postscript on a woman's letter, and means about as much. Its principal use is to afford a revenue for doctors and surgery specialists. Operations on the human system are the correct thing in polite society. Pa says there is one woman in our town who has nothing left in her but her palate and her tongue,

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she has been operated on so much. Last Sunday our Sunday school text was, "Praise the Lord, oh my soul, and all that is within me." I said to pa, "Mrs. So-and-So wouldn't be very strong on that, would she?" And he laughed and said no.

A railroad brakeman is in a class by himself. He doesn't have anywheres near 208 bones in his body. I know a brakeman, chairman of a grievance committee of ten, and when he goes to count the members of the committee on his fingers he can never get a quorum because he hasn't enough fingers left.

It says in my physiology that in the human frame is a network of nerves, a sort of system of fine wires which carry messages to and from the brain. For instance, if you put your finger on a hot stove the nerves of the arm carry a message to your brain that your finger is getting burned, and your brain flashes back instructions to take your finger off the stove. The other night I had my fingers in a can of jam in the pantry when my eardrum sent a message to my brain that ma was coming. My brain answered back to take my fingers out, but the message was delayed in transmission, and I didn't move quick enough. Ma caught me. For a few minutes the wires running up my spine to my brain were crowded with good government messages as to what was going on on the firing line. Now when I go to sit down my brain advises my arms to put a pillow on the chair.—*Bobby in Judge.*

Radical Operation in Uterine Cancer.

A. von Rosthorn, Heidelberg, Germany, while he sees hope in the researches as to the nature of cancer and recognizes future therapeutic possibilities, admits that our present resource is in surgery, and since cancer is, in its beginnings, a local disease, the importance of early operation is self-evident. We can not nevertheless, assure ourselves of the absolute restriction of the disorder, even when first recognized, hence the need of thoroughness in operation, and he points out the advantages of the abdominal method in securing this. There are certain limitations even to this, and he goes at length into the discussion of the method by which the cancer extends itself by way of the lymphatics. In the future, he thinks, we must direct our efforts to the selection of cases that give promise of favorable results, for surgery will be of no avail when the disease has extended beyond certain limits. The system should be thoroughly built up before operating. The narcosis should be shortened as much as possible, the danger of infection during operation

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must be carefully guarded against, and he goes in some length into the various details of technic which he thinks will be advisable in our future work. Cases of cancer must be examined more carefully as regards their morphologic characteristics and their clinical types, and we should investigate further the conditions and phenomena of recurrence. He concludes with the following suggestions: "1. The abnominal operation is the most rational for the treatment of carcinoma of the cervix, since by its employment the most extensive removal of the parametric tissue is made possible. 2. The view that glands are involved only in later stages of the disease must be dismissed, and the fact that we sometimes find participation of the glands in the very early stages of uterine cancer has convinced me of the necessity of removing the glands in all cases, as I have always done. 3. Based on my own experience, I urgently advise it as our duty to operate in cases of recurrence which have not advanced too far for such procedures. On this account alone it is important to re-examine at frequent intervals (every eight weeks) after the primary operation."—*Journal A. M. A.*

Symptoms of Cancer of the Uterus.

The evils of procrastination in the diagnosis of uterine cancer are emphasized by J. G. Clark, Philadelphia, who thinks there is little danger of a too alarmist attitude in this matter. The old notion that marked irregularities, floodings and leucorrhea at the menopause are normal in any sense should be done away with. Another fallacy with serious consequences is the hereditary theory, the assumption too common in the past, that symptoms could not mean cancer because there was none in the family history. The fact that cancer is a disease of middle life also can not be too strongly emphasized. As he shows by a chart, at least 90 per cent of the cases occur between the ages of 40 and 50. Another fact on which stress has been laid is the importance of injuries of childbirth as a causative factor. Sampson has shown that in 412 cases only 3 per cent had not been pregnant. The suggestive signs calling for an exhaustive examination in a woman between 22 years of age and the menopause are given by Clark as follows: "1. Any deviation of the menstrual period in the way of an excess or an intermenstrual discharge, especially in women beyond 30 years of age. The most suspicious of these are: (a) a mere show after slight exertion, defecation or coitus; (b) increasing length of the

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period, even if only one day more than has been her established habit. Every woman is a law to herself in this respect. 2. An exacerbation in amount or change in character of the discharge in a woman who may have had a simple leucorrhea for months or years. Of these changes a free aqueous, acrid, or blood-tinged discharge is especially portentous. 3. A leucorrheal discharge in a patient who has never had it before. 4. Every atypical discharge in a woman after the menopause. These individuals are especially liable to cancer and should, if possible, be even more exhaustively examined. 5. Pelvic pain of more than a few days duration should be an urgent reason for examination, although it is very seldom an early symptom of cancer." Clark insists on the use of the microscope, especially when in doubt as to the diagnosis from the early symptoms. In case of cancer of the fundus of the uterus the microscope becomes the principal diagnostic aid.—*Journal A. M. A.*

Father William.

BY LEWIS CARROLL.

"You are old, father William," the young man said,
"And your hair has become very white;
And yet you incessantly stand on your head—
Do you think, at your age, it is right?"

"In my youth," father William replied to his son,
"I feared it might injure the brain;
But now that I'm perfectly sure I have none
Why, I do it again and again."

"You are old," said the youth, "as I mentioned before,
And have grown uncommonly fat;
Yet you turned a back-somersault in at the door—
Pray, what is the reason for that?"

"In my youth," said the sage, as he shook his gray locks,
"I kept all my limbs very supple
By the use of this ointment—one shilling the box—
Allow me to sell you a couple."

"You are old," said the youth, "and your jaws are too weak
For anything tougher than suet;

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Yet you finished the goose, with the bones and the beak;
Pray, how did you manage to do it?"

"In my youth," said his father, "I took to the law,
And argued each case with my wife,
And the muscular strength, which it gave to my jaw,
Has lasted the rest of my life."

"You are old," said the youth; "one would hardly suppose
That your eye was as steady as ever;
Yet you balanced an eel on the end of your nose—
What made you so awfully clever?"

"I have answered three questions, and that is enough,"
Said his father; "don't give yourself airs!
Do you think I can listen all day to such stuff?
Be off, or I'll kick you down stairs!"

Alice in Wonderland.

Uncrowned.

"Well, what success did you have last year?" inquired one millionaire of another at the end of the commencement season.

"Pretty fair, I caught an M. D., a Ph. D., a LL. D. and a Litt. D. How did you fare?"

"Oh, I had beastly luck. I have given away more than two million dollars in promises and ten thousand in actual cash, and was in a good way to reap my reward. Then this mania for investigation took possession of this vulgar populace of ours, and my chances went glimmering. I got a good many D's all right, but none of them stood for 'Doctor.' I haven't given up hope yet, however."—*O. K. Med.-News Journal.*

Some Observations on Prostatectomy.

L. Bolton Bangs considers the following factors in deciding whether or not to advise prostatectomy: the general condition of the patient, his social condition and environment, his temperament and his accessibility to judicious medical advice and assistance; whether or not catheter life is likely to fail, and, if it has failed, in what degree; and, finally, what measure of relief is to be gained if, after the operation, some imperfection should remain which is

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insignificant in comparison with the prior condition. The writer then gives the histories of a number of patients which show how often significant symptoms are unappreciated or overlooked. He speaks of certain cases in which small prostates have been removed when there were few or no signs of obstruction. In these cases it was not recognized that chronic interstitial cystitis had reduced the capacity of the bladder so that frequent urination had become a necessity. Each case must be studied by itself. The final outcome of the operation can not be foretold definitely, but when the indications are clear it can be wisely advised on account of the great relief and comfort which result.—*Medical Record.*

Mouth Cleanliness.

BY MORTON A. SMALE, M. R. C. S., L. D. S.,

Dentists were teaching oral hygiene for many years before the medical profession as a whole had recognized the many constitutional disturbances that carelessly kept mouths were causing, but from the time that Dr. William Hunter pointed out the fact, the profession as a whole has been more careful in this matter. There seems to be a tendency now to consider that the dangers of sepsis in the mouth have perhaps been overrated. It is wise rather to overstate the evils attendant upon sepsis in all departments than to understate it. The "infinite capacity for taking pains" certainly in this can never be exaggerated, no efforts to render the mouth as clean a cavity as possible can be too great. The tooth brush, floss silk, and a quill toothpick should be all used to keep natural teeth clean.

While it is certainly true that some credit is due to dentists for their continual efforts towards cleanliness, there appears to be some danger of their forgetting their own teaching.

Some few years ago fixed bridge work came into vogue, and it was attractive to the public because by its means artificial teeth could be supplied when natural ones had been lost, without the necessity for dentures. These bridges have now been long enough in use for us to see their dangers, and we are becoming more and more convinced that fixed bridges are always dirty and septic. During the past two or three years many of them have been removed but there was not one of them that was not septic. Some, of course, were more so than others, the badly made and badly fitting being the worst of all, but not one ever approached an aseptic

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condition. Our own conviction is that if a bridge can not be made removable at the patient's will, then artificial substitutes for lost teeth should be supplied on the old tried and valued plates. These at least are or can easily be kept clean and aseptic. We saw the other day a plate with two bicuspids on either side that was made nearly twenty years ago. The patient was cleanly in his habits and there had been no destruction of the neighboring or contiguous teeth, while, whenever removed, the plate was found aseptic. Had the canines and first molars been used for abutments and two bridges been fixed, that certainly would not have been the case.

We desire to bring no railing accusations, but the commercial side of this question is one that has prevented free play for the ethics of professionalism. The large fees charged for bridge work have often been too great a temptation to dentists, and bridges and crowns also are being inserted without justification. During the last few months gold crowns have been removed from perfectly sound teeth that could only have been inserted for the sake of the fees paid for them. In two cases the teeth were not even-shaped to allow the crown to fit at the neck of the tooth, and there being no antagonist to the tooth, it was not necessary to grind away the cusps of the crown of the natural tooth as is generally done in these cases. We were, therefore, fortunately able to remove the gold crowns and leave the teeth in their own pristine beauty.

What are the conclusions to be arrived at from all this?

1. That the mouth is the best breeding place possible for bacteria.

2. That even with all one's natural teeth it is practically impossible to keep the teeth surgically clean.

3. That fixed bridges, no matter haw beautifully they are made and fitted, can never remain aseptic in the mouth whatever antiseptic mouth washes or tooth brushes and powders are used.

4. That removable bridges or dentures are the only justifiable methods of replacing lost teeth. The sentiment about them as to their discomfort should be discouraged by medical men and in cases of gastric or intestinal troubles or blood poisoning, physicians should see to it that all fixed bridges are removed. They would be conferring a benefit on their patients were they to discountenance their insertion in the first place. It may be possible that occasionally the opsonic power of the blood may be increased by a process of antoinfection, but the cases are too rare for any risk to be run in the hope that this may arise, and blood poisoning is a more likely result.

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5. That speaking generally it is unjustifiable to cut up or destroy sound teeth for the purpose of using them a abutments for bridges.

Dentists who have received their dental education in America are the greatest practicers of bridge work and much of the work shows good mechanical skill and operative powers, but the general principles underlying the scientific aspects of medicine and surgery are often absent, a fact that may be due to the methods of dental education prevailing in the United States, where the general anatomical, physiological, medical and surgical aspects of dentistry are sacrificed to the operative and mechanical side of it.

The shoemaker should stick to his last, probably, and the dentist to the teeth certainly, but the latter should more fully realize than he does at present that the teeth are only part of a wonderful and elaborate organism of which one part can not suffer without all the rest suffering with it.—*St. Louis Medical Review.*

When to Use Medicines in Pneumonia.

Dudley Morgan declares that there are some cases of pneumonia which require only intelligent and systematic guidance and nursing. Others need little medicine, but when it is indicated it should be given promptly and energetically. Even in the most tyring cases there is little else needed than digitalis, strychnine, and ice. In nearly all cases of pneumonia it is a good plan to start with quiet and rest, unloading of the bowels when necessary, a variety of nourishing liquid food, and an ice bag on the chest in the region of the pain and congestion, and also over the precordia if necessary. Very trying cases are those in which the patient is a steady or hard drinker. In pneumonia digitalis should be used to strengthen and nourish the heart and to reduce a rapid pulse.—*Medical Record,* November 17, 1906.

To obtain the best results in cases of Colles's fracture the patient should be placed under an anesthetic during reduction.—*International Journal of Surgery.*

Publisher's Notes.

Treatment of Chancre.—The novice is too prone to resort to extreme measures early. In delayed cases where the patient has at-

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tempted to treat himself and the sore has become ulcerative or bears a false membrane which breaks down each day with an abundance of foul discharge, it will be well to use carbolic acid once or twice. Its use must be thorough but sparing, and neutralized with alcohol. Subsequent dressings with dolomol-aristol, ichthyol, iodoform and similar compounds will prove beneficial and convenient. In large lesions where wet dressings are impossible or under the prepuce the dolomol powders are especially useful. Chancre in women usually responds to cleanliness and the same dry dressing after thorough cleansing with weak carbolic or bichloride solution. —*Geo. H. Candler, M. D., in Office Practitioner.*

NEW ORLEANS POLYCLINIC.—POST-GRADUATE DEPARTMENT OF TULANE MEDICAL COLLEGE.—The twentieth annual session opens November 5, 1906, and closes May 18, 1907. This school is intended for practitioners only. All instruction aims to be *clinical* and *practical,* and to this end, use will be made of the vast facilities offered at the great Charity Hospital, at the Eye, Ear, Nose and Throat Hospital, and at the special clinics to be held at the Polyclinic.

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"BEAUTY AS A FACTOR IN DISEASE."—The New York Pharmaceutical Co., Bedford Springs, Bedford, Mass., have just issued a most interesting and instructive booklet under the above caption which gives in detail the various methods adopted by the female

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sex of the many savage and semi-civilized tribes to increase their attractiveness to the eyes of the male portion of their tribe or race. In some instances this so-called improvement or attractiveness is carried to that degree of regional development that locomotion is impossible. A copy of the booklet will be sent upon application.

So-Called Rheumatic Gout. — Colchi-sal is prophylactic in gouty subjects who have a tendency to deposit sodium biurate which causes inflammatory deposits around the joints and seems to be the most useful of any of the colchicum and salicylates in assisting nature in the elimination of xanthine compounds due to faulty metabolism of autointoxication. It is perfectly safe in osteo-arthritis, febrile conditions characterized by inflammation of the joints, muscles and tendons, and in cases of thickening of the synovial membranes, especially where this inflammation extends to the tendons, sheaths and skin.

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Tr. nucis vom. .....3ii.
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M. Ft. Sol. Sig. One teaspoonful in a wineglass of water immediately before or with meals.—*H. Silvester.*

Arthur P. Hitchens, M. D., succeeds J. J. Kinyoun, M. D., as Director of the Biological Laboratories of H. K. Mulford Company.

Dr. Hitchens has been connected with the Mulford Biological Laboratories for the past eight years, during the greater period of that time having had personal charge of the preparation of Antitoxins and Curative Sera. He is well qualified to conduct scientific work connected with the production of antitoxins and biological products.

W. F. Elgin, M. D., continues in charge and direction of the Mulford Vaccine Laboratories.

E. D. Reed, M. D., of Ann Arbor, Michigan has been engaged to direct research work, particularly in pharmacology and physiological chemistry.

A Generally Useful Antiseptic.—Tyree's Antiseptic Powder is one of the most generally useful antiseptic powders for hospital practice or in the office local treatment of leucorrhea arising from various causes, as uterine and vaginal catarrhs, that has ever been introduced. It is valuable as well in gonorrhea, gleet, and such diseases of the mucous passages. It is serviceable also in dysentery, in catarrhal inflammations of the nose, throat, mouth, gums, etc. Dr. W. M. Gray, Microscopist to the Army Medical Museum at

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Washington, D. C., by tests, has proven conclusively its bactericidal action as to the anthrax bacillus, the staphylococci of pus, etc. It combines the qualities of such agents as salicylic and boric acid, so that its application to diseased mucous surfaces has a mild, stimulating and astringent effect in the rapid healing of diseased tissues. While it may be applied as a powder, when circumstances demand, the economy of its use consists in the fact that water (so as to make from 10 to 50 per cent solution) may be added at the time its use may be required. A trial package will be mailed free of charge to physicians if they will send their name and address to Mr. J. S. Tyree, Chemist, Washington, D. C.

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This school gives instruction in the practical application of the art of nursing. It was incorporated in 1902 in the belief that there is a large and well defined field for the practice of nursing by intelligent and well-taught women who, while unable to undertake hospital training, are nevertheless well qualified to supersede "that busy and harmful class, without any training whatever, who are such a bane to the doctor and a detriment to the patient."

Four years of active work in carrying out this basic principle justifies our claim, and this school is now represented by a large body of practicing nurses. These women have first mastered, by home study, a course of weekly instruction the preparation of which has enlisted an expenditure of time and money never before devoted to a similar work, and have then applied their practical instruction in actual contact with cases under the physician's directions.

It is not our claim that this institution can ever supersede the work of the hospital training school, or that our students are able to enter the profession on equal footing with the nurse of hospital training. On the other hand, only one nurse in ten of those professionally practicing at the present time had hospital training (U. S. Census). It was with the belief that the standard of this large body of women could be raised by a course of systematic study, that this school was instituted.

The radical change in the sentiment with which the general public and members of the medical profession now regard this efficient type of practical nurse is in large part due to the work of this school, which, within its prescribed limits, must of necessity make for the best good of the untrained nurse, the physician and the community.

A well taught nurse can most ably supplement the efforts of the physician, and we appeal to the latter that he may inform himself of the practical value of the work conducted by this school.

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Pneumonia Following Stab Wound.

On January 11th, 1905, Mr. C—— aged 20, was stabbed in the back below the scapula, and when I saw him twenty minutes after the affray, he was suffering from profound shock. I carried out the usual operative procedures, and the patient rallied, doing well until the night of the eighth day, when he had a severe chill, presaging pneumonia.

I feared a fatal result, as the left pleural cavity contained considerable bloody serum, and immediately applied a thick dressing of Antiphlogistine ten inches wide, from the spinal column to the median line, in the front, and kept up this treatment for three weeks, changing the dressing every morning. By this time the lung was perfectly clear, and there was no further use for the external application.

The Antiphlogistine was covered by a cotton jacket and held in place with a cloth bandage. The pain was relieved by hypodermics of morphine and atropine and the heart was sustained by strychnine. Outside of a little calomel and some laxatives, there was no other treatment. I aspirated the pleural cavity and drew off the serum. In view of the complications in this case, I consider it rather remarkable that the patient made so excellent a recovery. It only confirms my own high opinion of the remedial value of Antiphlogistine.—*J. A. Davis, M. D., Norman. Okla.*

Think It Over—Young Man, Young Woman, Think It Over—It is a Serious Matter.

It is stated that Mrs. Hettie Green, who is one of the wealthiest women in the world, and who manages her properties, which consist of railroads, etc., said, after taking a business course: "Every man and every woman, rich or poor, young or old, prince or peasant, married or single, should secure a business education."

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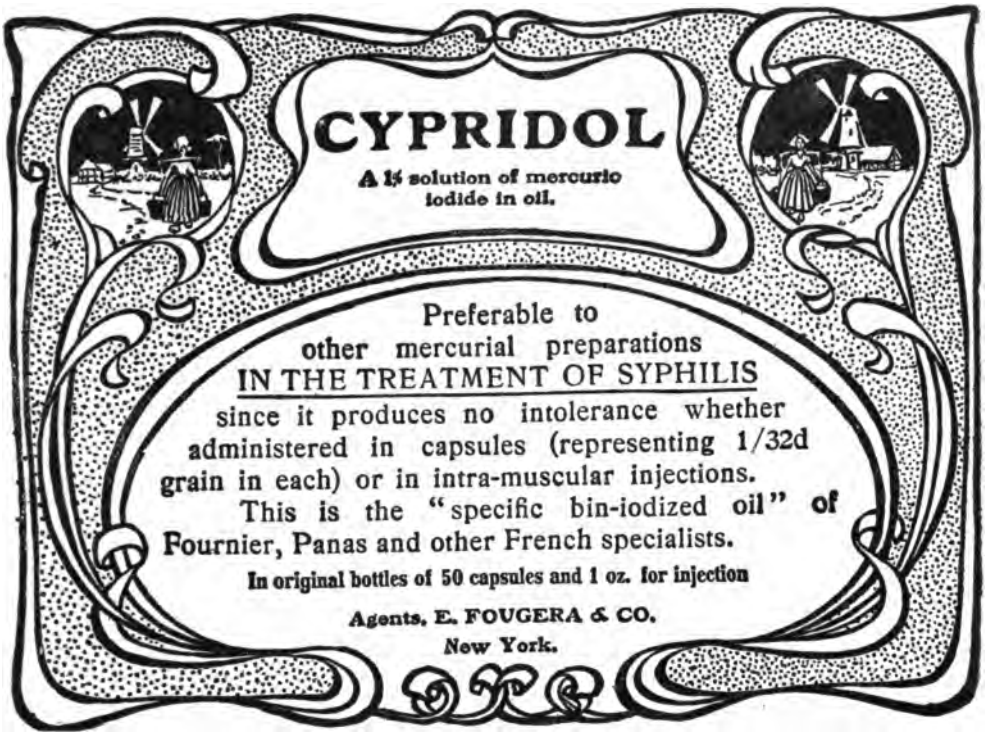
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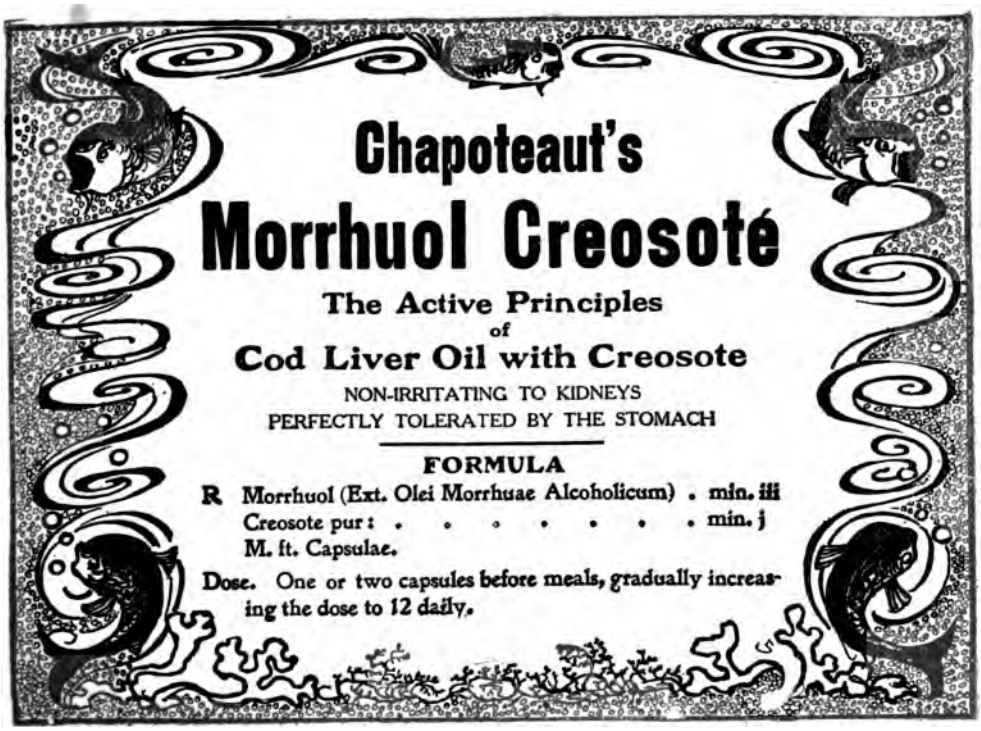
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At either of the above-mentioned places.

Catarrhal Diseases of the Naso-Pharynx.

As the season is now fast approaching when this class of diseases take up most of the physician's time and is the cause of more suffering among more people than almost all other diseases combined, I wish to say something in regard to a simple and effective treatment of this class of diseases, there being very few who do not suffer from it in some of its various forms. Chronic nasal catarrh is in most cases a result of repeated attacks of acute catarrh or "common colds." In this short article it is not necessary to go into details or take up time or space with causes and symptoms, everyone is familiar with them. My object here is to simply give my plan of treatment plain and simple, yet eminently successful. In the treatment of these cases evey physician is well aware of the fact that cleanliness is in most cases all that is necessary for a cure. Every physician also knows that in order to have a perfect cleansing agent it must be both alkaline and antiseptic. My success in treating these diseases, viz., acute and chronic nasal catarrh, including ozena, acute and chronic tonsilitis, pharyngitis, catarrhal deafness, etc., has been due almost entirely to the systematic and thorough cleansing of the mucous surface with Glyco-Thymoline. I have been using this ideal alkaline antiseptic in my practice for years and have never been disappointed in it.—H. M. Marsh, M. D., Auburn, Ky.

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THE TEXAS MEDICAL NEWS.

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For Texas Medical News.

How Can the Efficiency of Attendants in State Hospitals for the Insane be Improved, Maintained, and Why?

BY T. R. NICHOLS, M. D., TERRELL, TEXAS.

An ideal corps of attendants is a condition that is fully appreciated by all medical staffs of these hospitals, and to attain any modicum of success is the crowning glory of their superintendents.

It is supposed that good judgment is exercised in passing on the qualifications of applicants, unless an imperative necessity demands that vacancies be supplied at once; however, unwise selections can be eliminated as the occasion arises, and those who are not contented will terminate their services voluntarily.

It is reasonable that a number are employed who do not possess the mental attributes to appreciate and comprehend the responsibilities required. This state of affairs is prevalent in all psychopathic State hospitals, and is not conducive to the welfare of the patients.

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There are others who are uninterested and seek employment of this kind as a temporary occupation until something more remunerative and attractive can be secured, while others will be satisfied with anything just so it is a job, this being a very undesirable class.

The inducements offered for a good grade of attendants is not inviting for several reasons: First and most important is compensation, which in many instances is not sufficient to encourage them to adopt this work.

Second, the rules and regulations may be so formulated as to infringe on that personal liberty which is so dear to all American hearts; that in itself will defer many from applying or remaining in the service any length of time.

Third, the long hours on duty with no recreation of any consequence, keep many from presenting themselves as applicants that would probably be very acceptable material.

It is quite evident that our people do not appreciate the necessity of experienced and trained attendants to care for the insane, but those of us who have studied this problem know that they are the most important adjunct in their proper treatment because dependence can be placed in them to carry out all special instructions, as well as to comply with the other rules and regulations.

The number of supposed mental restorations, as well as the different degrees of improvement will be materially increased by such a happy state of affairs. On the contrary, the indifferent corps of attendants will be disappointing, due to the lack of interest, self-control and sympathy.

The constant employment of new recruits is deplorable, and those in authority need to devise some plan to meet prevailing circumstances and estop such a policy.

It is a fact that the cheerfulness and welfare of all depend on the attendants, and they must have learned theoretical and practical means—the requirements that are prescribed in the proper management of patients. They must realize that no disease requires more skillful supervision and nursing than insanity, therefore patience, forbearance and discernment must be exercised and cultivated.

In general hospitals the rational patient must strive to please the nurse, whereas in diseases of the mind, the attendant is expected to please the patient, which requires tact and other mental resources. Such a course often acts as a curative agent.

Few State psychopathic hospitals have an ideal corps of attend-

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ants owing, as previously stated, to the inducements not being sufficiently attractive as to bring in a good grade of physical as well as intelligent applicants. No doubt there are many engaged in this occupation who have a gross misconception of what it takes to constitute satisfactory service, limiting their energies to routine duties.

It is not the intention of this paper to criticise the superintendents of these hospitals, for doubtless they will put forth their best efforts to solve the problem in the best possible way, being governed by existing conditions. It should be their policy to procure employes who will be contented, so that they will acquire knowledge by practical experience and education in the hospital training school. As a means to this end, as has been previously stated, a more remunerative compensation is most important. By all means provide more time off duty with regularity in receiving it as far as conditions will permit, for nothing is more conducive to discontent than lack of confidence and irregularity in hours off duty.

It should be the policy to encourage all to spend their leisure time in some legitimate form of amusement. It is a good plan to have separate homes on the grounds for the male and female attendants, that they may leave their wards when off duty. These buildings should be equipped with modern appointments, as parlor, gymnasium, library and rooms set apart for games of all kinds, pool and billiards, that they can have both physical and mental rest.

While on leave of absence, attendants should be trusted to conduct themselves in such a manner as not to bring discredit on the institution or on the corps of attendants as a body.

It appears to me that these inducements will in a measure improve the standing and efficiency of the service.

It requires an educated or natural intuition to discern the needs and wants of all patients, because the subjective symptoms are very pronounced in mental diseases and frequently misleading. This is especially so in those who are undergoing a period of mental excitement. The most skeptical can easily be shown that an experienced and trained corps of attendants will be possessed of a fund of knowledge to meet conditions as they arise, endeavoring at all times to promote physical and mental rest, which is an all-important rule of action in the proper scientific treatment of psychiatry.

The best source of permanent knowledge is gained by practical experience; this is no exception in the care and treatment of mental diseases, provided such knowledge be supplemented by the train-

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ing school, which is a course of instruction that can not be obtained by ward service. The hospital staff can be relieved from many anxieties and duties if the attendants have the ability to carefully and accurately impart symptoms, either verbally or by ward notes and charts. This is essential in cases of the newly admitted, in those confined to bed from any illness and those undergoing a marked stage of excitement. They should be competent to dress all varieties of minor injuries; to administer nourishment by nasal feeding; to massage and administer hydro-therapeutics; to give the different varieties of enemas and douches; to observe the frequency of micturation and defecation and to note the character of these excretions. They should be capable of registering the temperature accurately as well as the number of respirations and pulse beats, stating the character of each, if there is any deviation from previous records. In fact, they should be able to observe symptoms of all kinds and possess the ability to interpret those that are serious and important, reporting such information to the medical officer in charge as early as possible.

It is an accepted fact that the females make more satisfactory attendants than the males. This is attributed to their natural sympathy, kindness, affection and gentleness. Those who are sympathetic will be receptive of instruction, and if they are contented will readily approve the humane plan of controlling the patients. They will not be over-bearing, knowing that the patients are irresponsible and are not to be held accountable for any shortcomings. They will be taught to keep them under control by being positive and firm. A certain amount of diplomacy needs to be used to win the confidence of the comprehensive. The trained and experienced attendants will never consider themselves guards, but they should divert morbid thoughts, substituting those of a natural character. It will be necessary to deal with the patients' requests in such a way as not to incur their ill-will, which will tax the attendant's ingenuity to its limit. In many instances denials are necessary, but this will not be done by adroit methods or deceit, but by candidly stating that it is against the rules and regulations, which is the easiest way to avoid trouble.

Ward attendants fill responsible and trustworthy positions; the mental restoration and improving the health of the patients must depend largely on their efforts. The conscientious and competent attendant will endeavor to perform effective service, realizing that he or she is an integral part of the whole, all working for the comfort and benefit of mankind.

It can be said without fear of contradiction that few State hos-

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pitals can boast of an efficient service, and some method should be devised to correct this unscientific control and treatment of patients.

I fully realize that it will take time to educate the people in order to secure ample appropriations to carry out a humane policy so that inducements can be offered, that those filling these positions will be contented with their profession and environment.

In my judgment this is an essential factor in attaining an efficient corps of attendants. We should bring all our influence to bear in educating the public to the necessity of trained and experienced attendants, as they are by far the most important adjunct in the care and proper treatment of mental diseases.

For the Texas Medical News.

Chorea.*

BY D. H. SIMMONS, M. D., SOUTHMAYDE, TEXAS.

Synonyms.—(1) St. Vitus's dance; (2) insanity of the muscles; (3) Sydenham's chorea.

Classification or Varieties.—(1) Chorea minor, Sydenham's type; (2) chorea major, hysterical or dancing mania—of the Middle Ages; (3) laryngeal chorea; (4) choreiform, or pseudo-choreas, or habit-spasms; (5) Huntington's chorea is a chronic, progressive affection of a hereditary nature; (6) chorea insaniens is the fatal form of the Sydenham type.

Definition. — Chorea is a nervous disease characterized by irregular, involuntary movements or twitchings of some or all the voluntary muscles of the body. It is accompanied by muscular weakness and mental disturbances.

Pathology. — The pathology of chorea is yet incomplete, and while it is one of the most common diseases, it is by no means well understood. However, from autopsies I have observed intense hyperemia of the brain, hemorrhagic and inflammatory foci, spots of softening, thrombosis, and emboli in the meninges. I sometimes find endocarditis, valvular disease and fatty degeneration of the heart.

Etiology.—Chorea is found among children and youths in all walks of life, but more frequently among those of a nervous, an-

*Pead before the North Texas Medical Association, at Denison, June 20, 1906.

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bitious temperament with a hereditary neurotic history. It is more common in towns and large cities than in country districts. It has occurred between the ages of 1 and 25 years. In Starrs' 1400 cases he states that 75 per cent occurred between 5 and 15 years. Daniel Hack Tuke insists that the most frequent exciting causes of chorea are produced by violent emotions—fear, grief, anger, excessive joy.

Emotion may so injuriously affect the nervous system that the will power can no longer direct or control the muscles.

Rheumatism plays an important factor in the causation of chorea. Osler in his 554 selected cases and in Starrs' 1400 cases both state that fully 21 per cent of each show a history of rheumatism.

Errors of refraction in the eyes also seem to be a predisposing cause of frequent outbreaks of chorea. Chorea may complicate or appear as a sequel of many acute infectious diseases—whooping cough, scarletina, measles, diphtheria, typhoid fever and forms of sepsis.

Sex.—Chorea is more common among female than male children. Of the 554 cases collected by Osler, 70 per cent were of the female sex.

Race.—The race exhibits some influence, Jewish, German and Portuguese children being especially prone to the trouble. According to Weir Mitchell, the negro race is singularly free from it.

Season.—The spring months show the greatest number of cases, the least number occurring in the late autumn.

Symptoms.—Children will at the outset exhibit symptoms of nervous irritability, will be cross, have outbreaks of peevishness and temper, will drop things and be very careless in their habits. There is sometimes a history of night-terrors or morose crying spells, loss of appetite, headache, pains in the limbs, numbness and pricking sensations.

The more pronounced symptoms are: Incessant irregularity, awkward twitchings of a part or all the voluntary muscles of the body, which are intensified by volition. The patient trips in walking, upset their food and drink and can not dress themselves. The patient may have dysphagia, dysphonia and aphasia.

Complications.—Serious cases of chorea may have complications. The principal complications to be mentioned are: (1) Poly-neuritis; (2) paralysis; (3) epileptic seizures; (4) nephritis; (5) endocarditis; (6) pericarditis; (7) acute mania.

Diagnosis.—The diagnosis of chorea is not difficult in the ma-

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jority of cases. The picture is a characteristic one. If the patient is told to show the tongue, the tremor and twitchings of that organ and the facial grimaces at once becomes marked. The pupils are very often unnaturally dilated.

Duration.—The duration of chorea is variable, and may last from three to twelve weeks. Of Starrs' 1400 cases, 26 per cent had relapses. One case had nine attacks.

Prognosis.—The prognosis of uncomplicated cases of "chorea minor" is very good. Recovery is the rule, but in exceptional instances it may be delayed for fully four months.

Treatment.—The treatment of chorea consists first, in giving the patient perfect rest, quiet surroundings, free from excitement of any kind. It is not necessary in every instance to isolate the patient, for she may become melancholic. The patient in some instances may be allowed (when there are no heart complications) to take light, open-air exercise and to indulge in amusements.

You must show the anxious parents and friends in a bad case of chorea that you thoroughly understand the case. You must enlighten them as to the duration of symptoms and danger of serious or complicated cases. Insist on the parents and nurse to act and to appear before the child as if its ailment was a mere trifle, for the psychical effect.

The food is a matter of very great importance. A simple, easily-digestible diet is indicated, milk and eggs being the chief articles.

A warm bath or a cool shower bath (whichever is indicated) must be given daily. Massage is of great value with lean, anemic children who have no fever or cardiac disease. When the peculiar muscular movements and twitchings are severe, the bed must be so arranged that the patient can not injure him or herself. This can be effected by the arrangement of pillows and bedclothes so that the limbs can not be struck against the furniture.

As to drug treatment, I have no absolute panacea to offer. However, there are three well defined objects to be aimed at: First, the removal of the cause; second, the quieting of the mind and nervous system; third, the rapid nutrition of the patient.

In most cases some form of infection will call for the first attention. If it is rheumatism and its congerers, an anti-rheumatic treatment must be instituted. A syphilitic history calls for syphilitic remedies. Autointoxication should draw the attention to the emunctories.

To allay spasms of the muscles and to procure rest and sleep at night, I give sufficient doses of chloral or bromide of soda. Keep the eliminating organs—liver, bowel, kidneys and skin—in good

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acting condition. If a thorough and honest search is made for the cause of chorea, predisposing or exciting organic, functional or reflex, and that cause removed, the disease will get well promptly and without further direct medication. For weak, thin and anemic patients I prescribe a good tonic. I prefer Fowler's solution or muriate tincture of iron.

The Common House Fly (Musca Domestica).

"Busy, curious, thirsty fly,
Drink with me and drink as I."
—*William Oldys* (on a fly drinking out of a cup of ale).

From extensive observations made by scientists in various parts of the world it has been determined that the common house fly is responsible, possibly, for the spreading of more diseases than any other known insect.

Typhoid Fever.—Professor L. O. Howard, the entomologist of the United States Department of Agriculture, writes:

"The principal insect agent in the spread of typhoid is the common house fly, and this insect is especially abundant in country houses in the vicinity of stables where horses are kept. The reason for this is that the preferred food of the larvæ of house flies is horse manure. House flies breed in incredible numbers in a manure pile largely derived from horses. Twelve hundred house flies, and perhaps more, will issue from a pound of horse manure. Ten days completes a generation of house flies in the summer. The number of eggs laid by each female fly averages 120. Thus, under favorable conditions, the offspring of a single over-wintering house fly may in the course of a summer reach a figure almost beyond belief."

The Fly and Its Fecundity.—A calculation has been made that if only one-half of a fly's output of eggs survive, one fly raises sixty flies in ten days from which we have 3600 in twenty days and 216,000 in thirty days, and 12,960,000 in forty days, giving us a total product in forty days of 810 pounds, allowing a thousand flies to the ounce.

The Fly During the Spanish-American War.—From the reports of the Medical Commission appointed during the Spanish-American War we find the following regarding typhoid fever and the common fly:

"About one-fifth of the soldiers in the national encampments in the United States in 1898 developed typhoid fever. The percentage

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of deaths among typhoid cases was 7.07. The deaths from typhoid fever were 86.24 per cent of the total deaths. Flies undoubtedly served as carriers of the infection. Flies swarmed over the infected matter in the pits, and then visited and fed upon the food prepared for the soldiers in the mess tents. In some instances where lime had recently been sprinkled over the contents of the pits, flies with their feet whitened with lime were seen walking over the food."

The Fly and Bubonic Plague. — The bacillus pestis has been found *alive* in the bodies of flies forty-eight hours after they had been feeding on infected material. Cholera bacilli and typhoid bacilli, bacilli of tuberculosis, streptococci and staphylococci have been known to pass uninjured through the bodies of flies ready to infect butter, bread, milk or meat as the insects deposit their fly specks in crawling over the food in the kitchen or on the dining-room table.

Egyptian Ophthalmia and the Fly,—On passing along the streets of Cairo, Egypt, one is at once struck by the enormous number of diseased eyes. The explanation of this is easily seen when one notices at midday the thousands of natives lying asleep on the sidewalks with their eyes, nose, mouth and ears covered with flies. The fly carries the diseased germ from the eyes of the infected persons to the eyes of those that are well, thereby spreading the purulent ophthalmia to an alarming extent.

"Pink Eye" and the Fly.—A disease known as "pink eye" is very prevalent in some parts of the southern portion of the United States. This disease has also been proven to be communicated by the fly.

Tsetse Fly.—The "sleeping sickness," or negro lethargy of South Africa, has been proven to be communicated by the "tsetse" fly. This fly carries a small parasite called *trypanasoma,* from one sufferer to another. The parasite gains entrance into the lymphatic system of man and causes this peculiar disease which ends in death in the course of years, by blocking the lymph-channels in the cerebro-spinal system.

The Fly and Other Diseases.—The house fly frequently carries germs of disease on its feet from one person to another. This has been observed in cases of smallpox, measles, cholera, scarlet fever, typhoid fever, streptococci infection (blood poisoning), erysipelas and others. The fly may carry the pathogenic micro-organism in its body and deposit it on food in the "fly-speck" or it may carry the disease by its sucker-like hairy feet from which the germs are detached as it walks over the food. Altogether the fly is of much

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more importance from a hygienic or prophylactic standpoint than is usually accorded it. The fly in the sick room may feed on tuberculous sputum, and carry the bacilli to the dining-room sugar bowl or cream pitcher. It may feed on typhoid bacilli or streptococci, etc., and deposit these germs on the porridge or on the biscuit. The fly may carry pathogenic micro-organisms from an infected wound, conjunctiva or ulcer to a simple wound or abrasion or a healthy conjunctiva and infect a healthy person before the mysterious messenger has been thought of.

Prevention.—Flies rarely travel more than a few hundred yards from their breeding place. The dirt pile with remnants of food thrown outside of the kitchen door is one of the most favored locations for laying eggs. The manure piled at the stable is another favored spot for the development of larvæ. The remedies suggested by scientists throughout the world consist in *prophylaxis* and *destruction*. Nests of larvæ should be covered with kerosene or chloride of lime or sprayed with crude petroleum, bichloride of mercury, powdered borax or powdered copperas. All refuse should be *burned, buried* or treated with some germicide or it should be carefully *screened* to prevent flies from breeding in it. Burning pyrethrum powder in the house will kill flies. Lemon verbena leaves spread on the sick bed, or spraying the bed clothing with lemon water, will keep the flies away from the patient. Bay rum, oil of tansey, pennyroyal, and essence of citron have also been found useful as sprays in the sick room. Darkened rooms will prevent the entrance of the flies while screening the doors and windows with fine wire netting is a matter of the greatest importance to nurses and those in attendance on the sick. All food stuffs from the butcher and the baker to vegetables, fish and candlestick maker, should be carefully guarded from flies. Special care should be taken at the *abattoirs* and dairies. One fly infected with typhoid, for instance, could infect much of the meat and most of the milk. All food stuffs should be carefully screened in the kitchen and all refuse from the kitchen should be destroyed to prevent breeding places. From the foregoing it will be seen that our common house fly as a disease carrier is perhaps the most important individual in any community in the causation of our epidemics.

In forty days one fly is the mother, grandmother and great-grandmother of 12,000,000 fly children. Flies love leprous sores; they feast on the bacilli and convey the disease to innocent members of the household. Flies love open sores of any kind, whether they are sores of cancer, erysipelas, scabies, cycoses, eczema or mangy sores on man or beast. Flies love to feast on the dejecta of typhoid,

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yellow fever, cholera, or on putrescent or dead animal matter of any kind, and for desert they endeavor to visit the pantry, the food in the kitchen, or by special invitation the dinner table. The fly is no doubt more dangerous than the ubiquitous flea, the marauding bedbug, or the "gas-pipe thug" mosquito. A fly in an operating room is more dangerous to human life than a rattlesnake. Every fly should be cremated with pyrethrum and the larvæ destroyed with bichloride of mercury, or crude petroleum, and screen your hospitals and residences.—*Editorial in Pacific Medical Journal.*

An Ode to the Fly.

You ten days' old marauding fly,
From maggot and filth to wing you hie—
A hundred and twenty in ten days,—by
The tens of thousands you multiply.
With mangy cats and dogs you lie,
Your life is spent in carrion's sty.
You wallow in pus and slime and cry—
For lunch,—bacteria, and bacilli,
Then dine with babe on cream and pie!
Your "specks" and hairy feet so shy,
You trail on food, in drink so sly—
That many a mortal you've sent on high
To worlds unknown in distant sky.
Putrescent and ichorous your habits, fie!
The cimax, the culex, the pulex—a tie
With plague and pestilence you vie—
To give disease to body and eye.
Typhoid your choice—and "pink-eye"
Tuberculosis, cholera, staphylococci,
Plague, scarlet fever and measles you spy.
Leprosy, diphtheria and pneumococci,
Cancer, eczema,—all you supply.
Ophthalmia, Egyptian, nor can you deny
Pox large or small, you ever passed by
Therefore, musca, your death knell's nigh.
Pyrethrum shall smite you hip and thigh.
Convicted you stand, the trade you ply
Is poison and murder, your victims die
So death is your penalty, venomous fly! —*W. A.*

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A HARD PULL, A LONG PULL, AND A PULL TOGETHER.

As the Legislature is now in session and much legislation of interest to the medical profession is before it, in the form of the One Board Medical Bill, the Anatomical Bill, Pure Food Bill, bill in reference to vital statistics, a bill modifying the quarantine service and Board of Health and Marine Hospital Service, bill for the establishment of an indigent consumptive sanatorium and other matters of great importance to the profession and public at large, it is especially necessary for the members of the medical profession all over the country, in their individual way, to assist in this great work and let their influence and sentiments be known to their members in the Legislature and Senate. Not only are they able to do much directly with their representatives and senators, but in addition they can bring to bear the influence of prominent people in their immediate portions of the State and thereby be enabled to more fully inform their lawmakers of the importance and necessity for legislation along the lines indicated above. By concerted action on the part of the profession much good will be done in procuring such legislation as is necessary to place Texas in the front ranks of scientific medicine, sanitation, etc. Texas is making rapid strides in every other department and there is no reason why she

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should not occupy a high place in the sisterhood of States along matters of preventive medicine, public hygiene and the regulation of practice. Much rests upon the shoulders of the individual members of the profession in seeing that this desired result is obtained.

SOCIAL FEATURES.

Our managing editor, Dr. M. M. Smith, while in attendance upon a meeting of the American International Congress on Tuberculosis the latter portion of November, was shown many courtesies and attentions by different gentlemen during his stay in New York City and Chicago. Notable among these were a dinner tendered him at the Union League Club by the Hon. Clark Bell of New York City. This club is one of the oldest and most noted clubs of New York City, which is famous for its fine clubs. Here Dr. Smith was not only tendered a magnificent dinner by his host, but introduced to many prominent members of the club and had an opportunity of viewing the splendid works of art and looking into the library for which this club is especially noted.

Other dinners tendered Dr. Smith were by Dr. McDonald of the *American Journal of Surgery,* at the Drug Club; likewise a dinner by Mr. Mason, the American representative of E. Fougera & Company, and a dinner by Mr. Charles Roome Parmele, manufacturing chemist of New York City, as well as other attentions during his stay.

It is useless to say that these gentlemen certainly know how to make a Southerner a long ways from home feel that he is once more receiving typical old Southern hospitality for which our fair Southland is noted.

In Chicago Dr. Denslow Lewis tendered Dr. Smith a dinner at the Athletic Club, which was highly enjoyed. During the course of the evening Dr. Lewis took occasion to discuss in detail the medical problem involved in the State of Texas and promised Dr. Smith a paper on his section at the coming meeting of the State Medical Association.

In St. Louis Dr. J. Q. Lloyd of the Lloyd Chemical Company, acted as host at a dinner.

We can truthfully say to the members of the profession that whenever Texas doctors go North in any of the larger cities they are received with open arms and given a most warm and cordial welcome.

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NEXT MEETING OF THE STATE MEDICAL ASSOCIATION.

We desire to call the attention of the profession to the great importance of the coming meeting of the State Medical Association, which will be held this year at Mineral Wells, Texas, beginning May 7th. This undoubtedly will be the most successful meeting ever held in the history of this Association. Its membership will be larger than has ever been known in its history. Mineral Wells will be a delightful place to meet, and on account of its being a city of hotels and comparatively small, the members of the Association will be thrown more intimately together and will be like one great family. The meeting places doubtless will be arranged in close proximity and the profession will become better acquainted than any time in the history of the Association. There will be an unusually good program for this meeting and doubtless many papers will be presented by not only men who are leaders of the profession within the State, but large numbers of men from without the State. Papers and discussions will, of course, more than repay any member of the profession for the time and expense of going to Mineral Wells, not to mention the social side of it.

Much business of vast importance rests upon the house of delegates and the councillors at this meeting, and from the large number of important measures dealing with various phases of the public health, will make this meeting of exceptional importance. The one board medical bill will undoubtedly be settled, and we have every reason to believe favorably, before the State Association meeting. We have every hope of seeing an anatomical bill passed, a pure food bill, conferring the quarantine along our coast to the United States government, the establishment of a State sanatorium for the indigent consumptive and other measures of great importance.

We hasten at this early date to urge upon the profession everywhere, not only in their respective counties, that their delegates attend this meeting, but as many other members of the State Association be present as possible. Let's meet together, swap experiences, exchange ideas and work for the good of the profession and the alleviation of suffering humanity. We trust to see the largest attendance in the history of the State Association at Mineral Wells.

MEDICAL JOURNAL CONSOLIDATION.—The *Medical Era* has just been consolidated with the *Medical Mirror,* and the new publication will be known as and retain the name of the *Medical Era.* The

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Medical Era and likewise the *Mirror,* which has recently been purchased and consolidated, are both too well known to need any introduction to the medical profession of the United States, and with this consolidated journal will naturally follow a much larger and increased field of usefulness for the *Era,* and we bespeak for the publication the continuation of its past large patronage and wish it an increased patronage, and Drs. S. C. and Clarence Martin deserve all the praise which may be shown them for their publication.

Notes and Miscellany.

AMONG the doctors from Texas doing post-graduate work the following are attending the New Orleans Polyclinic, which is now the Post-Graduate Department of Tulane Medical College: Dr. J. M. Andrews, Farmersville; Dr. C. C. Sorrells, Royse City; Dr. J. H. Hendrix, Edgewood; Dr. W. G. Allen, Harleton; Dr. T. G. Boorman, Princeton; Dr. J. A. R. Moseley, Jefferson; Dr. G. Bartlett, Shafter; Dr. W. G. Snipes, Ladonia; Dr. W. O. Warren, Pecan Gap; Dr. G. M. Van Ness, Prairie Lea; Dr. M. C. Bell, Silverton; Dr. H. T. Fry, Wills Point.

VARICOSE VEINS OF THE LOWER EXTREMITIES AND THEIR TREATMENT.—P. T. O'Connor considers the causes of varicose veins as predisposing and exciting. The valves of the veins play an important part in the etiology of varix. Occupation also plays an important part in the production of varicose veins. Those whose work keeps them habitually on their feet are apt to suffer. There seems to be an hereditary influence also which predisposes to this condition. The writer believes that it is not alone the greater degree of surgical skill and dexterity that determines success in the management of these cases, but a factor of equal importance appears to be the aseptic precautions necessary to be carried out before, during and after manipulation.—*Medical Record.*

A PUPIL in a village school, who had been requested to write an essay on the human body, handed in the following: "The human body consists of the head, thorax, abdomen and legs. The head contains the brains in case there are any. The thorax contains the heart and lungs, also liver and lights. The abdomen contains the bowels, of which there are five—a, e, i, o, u, and sometimes w and y. The legs extend from the abdomen to the floor, and have hinges

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at the top and middle to enable a fellow to sit when standing or to stand when sitting."—*Exchange.*

A SOUTHERN GENTLEMAN.—At a station where we stopped one day on a certain Tennessee railroad almost the first sight which greeted the eye of those who got off was a rough burial box on the platform, and seated near it was an old black woman with a handkerchief to her eyes. When kindly asked the cause of her sorrow she pointed to the box and replied:

"De old man's in dar."

"Your husband?"

"Yes; died two days ago back yere in de kentry."

"And what are you doing with the body here?"

"I wants to bury it up at Charlestown, but I hain't got money 'nuff to take it on de railroad."

"What nonsense!" exclaimed a man, as he came forward. "What's the difference where a nigger is buried? They want her to bury it here, but she won't. She's determined to take it to Charlestown."

"For what reason?" asked the passenger who had put all the previous questions.

"Kase, sah, all de fo' chill'ens is buried up dar, an' his mudder an' sister, an' de poo' ole man will be lonesome down yere."

"What bosh!" growled the kicker.

"Look here!" whispered the other, as he went over to him, "*I'd rather be a nigger with her soul than to be a white man with yours. She's right. Let the family dead sleep together.*"

He entered the express office and paid for the shipment of the body, bought the widow a ticket to Charlestown, and then dropped a ten-dollar gold piece in her hand and said:

"Give him a decent funeral, mammy, and this will put up a headboard to mark the grave."

"May de Lawd bless you for —!"

But he hurried in to snatch a bite to eat. When he was gone I made inquiries as to his identity, and found a man who replied:

"Why, that's Colonel ———— of Alabama. He owned over 300 slaves when the war broke out."—*Indianapolis Sunday Sentinel.*

A FEW REMARKS ON MEDICAL EXPERT TESTIMONY. — George Franklin Shiels considers this subject under various headings. He believes that expert medical evidence could be of the greatest value in upholding justice if it were properly introduced. He suggests

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two plans: (1) Let the attorneys of each side select two experts and let the four thus chosen choose a fifth. These five men could, after mature deliberation, present a full and useful report on any technical points considered by them. Or, (2) the matter could be left in the hands of the court, who could call one or a dozen medical men to elucidate without prejudice any technical points that might arise in the trial. The writer favors the plan in which the court has control.—*Medical Record.*

MY GERMAN DOG.—

My dog's a German dog—
I'm pretty sure of that,
But not because he's short
On wind and long and fat;

And not because he e'er
O'er sleep can not prevail,
But just because he has
A pretzel for a tail.

—*R. M. Munkittrick, in the Delineator.*

EXAMINATION OF CANDIDATES FOR ASSISTANT SURGEON IN THE PUBLIC HEALTH AND MARINE HOSPITAL SERVICE.—A board of officers will be convened to meet at the Bureau of Public Health and Marine Hospital Service, 3 B street S. E., Washington, D. C., Monday, April 15, 1907, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health and Marine Hospital Service.

Candidates must be between 22 and 30 years of age, graduates of a reputable medical college, and must furnish testimonials from responsible persons as to their professional and moral character.

The following is the usual order of the examination: 1, physical; 2, oral; 3, written; 4, clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists in examination of the various branches of medicine, surgery and hygiene.

The oral examination includes subjects of preliminary education, history, literature and natural sciences.

The clinical examination is conducted at a hospital, and when

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practicable, candidates are required to perform surgical operations on a cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order as vacancies occur.

Upon appointment the young officers are, as a rule, first assigned to duty at one of the large hospitals, as at Boston, New York, New Orleans, Chicago, or San Francisco.

After five years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Promotion to the grade of surgeon is made according to seniority, and after due examination as vacancies occur in that grade.

Assistant surgeons receive $1600, passed assistant surgeons $2000, and surgeons $2500 a year. When quarters are not provided, commutation at the rate of $30, $40 and $50 a month, according to grade, is allowed.

All grades above that of assistant surgeon receive longevity pay, 10 per cent in addition to the regular salary for every five years' service up to 40 per cent after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For further information, or for invitation to appear before the board of examiners, address "Surgeon-General, Public Health and Marine Hospital Service, Washington, D. C."

Alcoholism and Epilepsy.—M. Woods, Philadelphia, calls attention to the causal relation or parental alcoholism to epilepsy in the offspring, and quotes from various authorities who have given evidence as to this etiology. So far as his personal experience is concerned, he says, "the danger to the prospective child depends not exclusively as to whether the parents, one or both, were habitual drunkards, but as to whether they were intoxicated or under the influence of alcoholism during the time of conception, and that a drunken parent, other things being equal, if perfectly sober and free from the irritability, remorse and exhaustion consequent on a debauch, is no more likely to produce defective offspring than an abstainer would, who might chance to be intoxicated for the first time." Two cases under his care are mentioned as being the results of single transgressions of this kind.—*Journal A. M. A.*

Instruction Regarding Alcohol.—W. S. Hall, Chicago, argues that as it is pedagogically correct to instruct pupils in the general principles of hygiene in the public schools, it is also the

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proper thing to include in this instruction the facts regarding alcohol and narcotics. We have protected the public against epidemic diseases by the dissemination of knowledge of their nature and causes, and if future generations are to be protected against the ravages of tuberculosis and alcoholism it will be by the same methods. If boys and girls are taught the dangers of the moderate use of alcohol, few of them will suffer later from the effects of its excessive use.—*Journal A. M. A.*

FOUND.—Diogenes, lantern in hand, entered the village drug store.

"Say, have you anything that will cure a cold?" he asked.

"No, sir, I have not," answered the pill compiler.

"Give me your hand!" exclaimed Diogenes, dropping his lantern, "I have at last found an honest man."—*Western Druggist.*

THE PSYCHIATRIC CLINIC AT MUNICH, WITH NOTES ON SOME CLINICAL PSYCHOLOGICAL METHODS.—G. H. Kirby says that the psychiatric clinic at Munich is probably attracting more students of psychiatry at the present day than any other institution in Europe. In the building of the clinic many of Kraepelin's ideas and suggestions were carried out. In the Kraepelinian school no drug sedatives or restraint of any kind are used. In the recent work in lumbar puncture the use of platinum needles is recommended. To Kraepelin is due the credit of having established the first laboratory where the methods of experimental psychology could be applied to the study of insanity. This investigator, however, does not believe that such methods can ever replace accurate clinical observation. The writer then refers to several very interesting laboratory methods in use which can be applied easily and quickly in the study of insane patients.—*Medical Record.*

LARGE FOR ITS AGE.—Old Jacob Wykoff, a farmer whose place was just outside of town had made a present of his largest yellow pumpkin to the editor of the village paper and the editor wrote an item acknowledging the gift. But, unfortunately, the office boy, who put it in type, got it mixed with an item announcing the birth of a baby in the family of another subscriber. This is the way it appeared in print:

"Our old friend, Harry Townsend, is celebrating the arrival of a fine boy at his house. The newcomer is the very image of its father. It is one of the large, cornfield variety, with huge bumps all over it, and weighs fifty-six pounds. There isn't a flaw in it

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anywhere, except a dent made by our fool office boy, and that doesn't matter, as we are going to cut it up at once."—*Youth's Companion.*

FRESH AIR TREATMENT IN HOSPITAL WARDS. — W. Gilman Thompson presents various conclusions on this subject, among which are the following: Ward heating and ward ventilation should be capable of independent adjustment at all times. The night temperature of the ward should be at least 5° F. below the noon-day temperature, which latter should not be above 68° F. or 70° F. The ward windows should have transoms and one or two movable separate panes. The window should be light enough to be easily handled. The wards should communicate with balconies or porches. The building of very large wards should be discouraged. The windows of the ward, even on the coldest day, should be opened at least twice daily. Day rooms should be provided for convalescents. The ward should have at least one accessible heater. The house staff and nurses should receive instruction concerning ventilation and should be made to put it into practice in the wards.—*Medical Record.*

SOME POTENT ETIOLOGICAL FACTORS IN BACKWARD CHILDREN. —M. Neustaedter has concluded, after carefully studying ninety-five cases of backward children in one school, that it is the addiction to alcoholic stimulants or strong decoctions of tea or coffee, or to the smoking of cigarettes, or to a combination of two or all of the poisons enumerated that far outweighs in etiological importance all of the physical defects combined. After discussing in detail the effects of these substances the writer declares in a word, that the use of alcohol, tobacco, and coffee, or tea is an immediately exciting cause of backwardness in children.—*Medical Record.*

THE RAILROAD AND TUBERCULOSIS.—J. R. Haynes, Los Angeles, Cal., advocates, as protection for the public, that purchasers of long-distance tickets should be questioned as to whether they have a cough, and if they have, that passage be refused, unless the applicant can show a certificate from the board of health or some reputable physician stating the cause of the cough and that for those allowed to travel, special cars on specified trains should be provided. For consumptives traveling short distances cars with special non-upholstered compartments might be provided on certain trains. "Sentiment must be brushed away and tuberculous passen-

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gers must travel in such a manner as society may prescribe, in order that the many shall be protected." He would have it provided that any tuberculous passenger evading by false representations these provisions should, if discovered, be put in the hospital car, or if there be none, be put off at a station where he can be cared for and compelled to wait until the first hospital car going his way arrives; and Haynes would have a heavy fine imposed on any physician who would connive at any evasion of these protective regulations. The hospital cars should be specially constructed and upholstered with leather of washable fittings, and carry a trained nurse and apparatus for disinfection. All compartments that have been occupied by the tuberculous should be thoroughly disinfected as soon as vacated.—*Journal A. M. A.*

SHE FELT BAD WHEN WELL.—An old lady, really quite well, was always complaining and "enjoying poor health," as she expressed it. Her various ailments were to her the most interesting topic in the world. One day a neighbor found her eating a hearty meal, and asked her how she was.

"Poor me," she sighed, "I feel very well, but I always feel bad when I feel well, because I know I am going to feel worse afterward."

TEXAS MEN AT THE NEW ORLEANS POLYCLINIC. — Among the doctors from Texas doing post-graduate work the following are attending the New Orleans Polyclinic, which is now the post-graduate department of Tulane Medical College: Dr. J. M. Andrews, Farmersville; Dr. C. C. Sorrells, Royse City; Dr. J. H. Hendrix, Edgewood; Dr. W. G. Allen, Harleton; Dr. T. G. Boorman, Princeton; Dr. J. A. R. Moseley, Jefferson; Dr. G. Bartlett, Shafter; Dr. W. G. Snipes, Ladonia; Dr. W. O. Warren, Pecan Gap; Dr. G. M. Van Ness, Prairie Lea; Dr. M. C. Bell, Silverton; Dr. H. T. Fry, Wills Point.

HAPPINESS makes happiness and sadness makes sadness. Is not this a veritable truth? Start out on a round of calls and take notes. Go into a house where everybody is happy and see if you do not catch the infection and come away with a joyful feeling in your heart. If your next visit proves to be at the home of one who looks on the dark side and tells you a tale of woe with a face as long and severe as the moral law, you will come away from that home feeling that suddenly the temperature has fallen several degrees. By all means cultivate the cheerful, jolly, happy tempera-

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ment and be a joyful ray of sunshine, which will permeate and give gladness to all you come in contact with.—*Ex.*

A LOW-DOWN TRICK.—It is said that a man in a neighboring town recently resorted to the meanest trick on record to get his wife to dig up the garden. He went out with a spade and a hoe, and after searching around for a while he went to the house to wash off a dime and a quarter. Back to the garden he went whistling "The Good Old Summer Time." Presently he came back again. This time he showed another quarter and remarked that he could afford to take a nap; he had made enough for one day, anyhow. When he awoke (?) his wife had the whole lot dug up. She hadn't found a cent.—*Dallas* (Ga.) *New Era.*

Abstracts and Selections.

Flies.

(Apologies to Eugene Field.)

See the fly.

It has not always been a fly—it used to be a maggot.

The children of flies are maggots till they get grown, then they are flies.

Maggots live in manure and eat manure to grow up and be flies.

They rather be flies than maggots.

Flies eat manure, too.

But they eat a lot of other things that we wouldn't eat.

They eat stuff a man coughs up when he has consumption.

That is what they go to the spittoon for.

Then the fly specks have the germs of consumption in them.

When flies come out of the spittoons they rub their fore feet together and then rub them on their head. That is the way they wash.

Nice, clean flies.

Have one in your coffee?

Flies like open closets because that is where they lunch.

But they will leave the privy any time to get in your mouth when taking your mid-day nap.

When you shoo them away from typhoid stools they get on baby's bottle.

Then we wonder how baby got typhoid fever.

Flies are opposed to sewers.

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They think it a trick to starve them out.

Then they have to live on such scrappings as they can get—the vomit of drunk men, sores on dogs and horses, and the cold meat in the pantry that is saved for supper.

Flies have one eternal enemy—the housewife.

What would she think if you were to screen your house and help her to get rid of them?—*Florida Health Notes. Official Bulletin.*

Mississippi Valley Medical Association Prize.

LOUISVILLE, KY., January 18, 1907.

DEAR DOCTOR: At the last meeting of the Mississippi Valley Medical Association it was decided to offer a prize of $100 for the best essay on some medical or surgical subject.

The competition is to be limited to those who, at the time of entering the competition as well as at the time of the award, shall be members in good standing of the Mississippi Valley Medical Association.

The award will be made by a committee appointed for the purpose, consisting of Drs. Hugh T. Patrick of Chicago, A. H. Cordier of Kansas City, and Chas. H. Hughes of St. Louis. The name of the author is to be enclosed in a sealed envelope bearing some motto or device and the essay is to be marked by the same motto or device. The name of the successful author and the title of his essay will be announced at the next meeting of the Association to be held in Columbus, Ohio, October 8, 9, 10, 1907, and the award will be made at that time. The successful essayist will be notified at least two weeks prior to the meeting, and he will be expected to read his essay at that meeting. The essay is to be published in the organ of the Association.

All essays must be typewritten, and are to be sent to the secretary, Dr. Henry Enos Tuley, 111 W. Kentucky street, Louisville, Ky., on or before August 1, 1907, after which date no essay will be received.

The committee reserves the right to reject any or all essays.

HENRY ENOS TULEY.

One on the Doctor That Time.

A prominent physician, whose specialty was physical diagnosis, required his patients, before entering his private consultation room, to divest themselves of all superfluous clothing in order to

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save time. One day a man presented himself without having complied with this requirement.

"Why do you come in here without complying with my rules?" demanded the doctor. "Just step into that side room and remove your clothing and then I'll see you. Next patient, please!"

The man did as requested, and after a time presented himself in regular order duly divested of his clothing.

"Now," said the doctor, "what can I do for you?"

"I just called," replied the man, "to collect that tailoring bill which you owe us."

Legislation for Vital Statistics.

Cressy L. Wilbur, Washington, D. C., declares that the condition of vital statistics in the United States is a reproach to the country. He states that the importance of vital statistics, both from a legal standpoint and for the purpose of effective sanitary administration, is altogether overlooked by us. He calls attention to the States in which registration has been enforced, and shows in tabular form the States which constituted the registration area in 1900 and those which have been added since. He refers to the work of the American Medical Association in this matter and quotes from the transactions of the Association for 1848 to show that the accurate registration of vital statistics was one of the first objects which the Association desired to promote. He takes up in detail the necessary provisions of a registration law for deaths and calls attention to the evils of non-enforcement of the law when one exists. The county system of attempting to collect vital statistics he terms pernicious. It has never yet, he declares, successfully collected them in a single State of the many in which it has been tried, and he considers it one of the stumbling blocks that are continually thwarting efforts to secure adequate legislation. He mentions the work of the Bureau of the Census and in a footnote enumerates some of its publications relating to this subject which are available.—*Journal A. M. A.*

Inexplicable Laws of Heredity.

BY MRS. JOHN A. LOGAN.

Science has claimed that the laws of heredity are as fixed as any other touching human life. Most persons are inclined to the belief that too much importance can not be attached to the question of

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heredity and the transmission of good or evil, mental, moral and physical qualities. One is constantly seeing unquestionable illustrations of the transmission of certain characteristics which can be traced to antecedents sometimes three or four or even more preceding generations.

It is often observed that children bear striking likeness in facial expression, coloring, figure, temperament, actions, nervous organization and intelligence to great-grandparents or parents, and that as they grow to manhood or womanhood they develop the same tastes and characteristics. Disease and habits are also manifested over and over again that had their origin in many preceding generations of the same family. It is especially noticed in the number of unfortunate creatures who are addicted to alcoholism. The appetite for stimulants is beyond question transmitted through more than one generation to such a degree that the unhappy victims often elicit the deepest sympathy because they seem to be powerless to throw off the inborn and uncontrollable thirst for alcohol in some form or other.

A person so accursed who really made a desperate struggle to overcome the fateful propensity once told me he could describe his frequent failure to resist the temptation to "a hellish appetite that came over him periodically that he could not overcome," and that "when it seized him nothing could restrain him." He forgot everything and everybody, and was powerless to prevent the return from time to time of these attacks. He was a young man of such noble qualities and rare intelligence that I was deeply interested in him. Upon investigation it was found that his great grandfather, his grandfather and his father had been confirmed drunkards; that his maternal grandparents and mother had been lovely Christian women of marked ability who had done everything in their power to save their husbands from drunkard's graves without avail; and that positions, fortunes, and every cherished object had been swept away by the demon Alcohol.

There are innumerable instances where children born under the same conditions seem to escape all taint of the blood and are eminently correct in their habits and character. On the other hand, one is being constantly shocked by the seemingly total depravity of persons well born and whose progenitors have been of the highest and most temperate character; their inheritance as far back as is known has been all that could be desired, and yet in themselves they are totally depraved and unmanagable and to all appearance without a spark of self-respect, honor or decency. Parents and friends have exhausted every source and appeal fruitlessly.

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Nothing can prevent them from following their ignoble propensities until death ends their ignominious careers.

Instances are frequent of the development of dispositions, diseases and peculiarities for which it is impossible to account; own brothers and sisters are often so totally unlike and of such different character and appearance as to make one doubt that they are children of the same parentage. Yet we know that intelligent, conscientious parents have been able to transmit to their offspring special talents and characteristics, and that such experiments have been successful not only in the human species, but in animals of the lower order, and in agriculture, and in horticulture.

Thus the problem of heredity has never been satisfactorily explained, albeit the ablest scientists and students have given the subject much thought and research.

San Antonio to Fight Tuberculosis.

San Antonio has determined to fight tuberculosis, through a permanent organization to be known as The San Antonio Health Protective Association. Such a one was formed at a meeting held at the Business Men's Club in accordance with resolutions adopted on the last night, January 10, of the series of anti-consumption lectures given at Casino hall. These resolutions provided that an aggressive war continue against the disease in this city.

Representatives of all the prominent organizations in the city were present, and were enthusiastic over the project.

THE OFFICERS ELECTED.

The following officers were elected: Dr. Malone Duggan, president; Miss Eleanor Brackenridge, vice-president; Miss Pfeiffer, secretary, and August Briam, Jr., treasurer.

The board of control was elected as follows: Mrs. Eli Hertzberg, Miss Eleanor Brackenridge, Mrs. J. J. Stevens, Mrs. Jamieson and Miss Pfeiffer, representing the Women's Club; Dr. M. J. Bleim, representing the school board; Dr. Frank Paschal, of the Bexar County Medical Society; Dr. H. D. Barnitz, of the Board of Health; August Briam, Jr., representing the Business Men's Club, and Dr. Malone Duggan from the Scientific Society.

The meeting was called by Dr. Frank Paschal. A constitution and by-laws were adopted in which it is stated that the purpose of the organization is as follows:

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PURPOSE OF ORGANIZATION.

"It shall be the duty of the association to assist in every manner possible, the board of health and municipal officers in legislating and enforcing all measures, safeguarding the public health that may be consistent with local conditions, and through its organization inform the public on matters pertaining to sanitation and public health, so far as it may seem proper and in its power to do so."

Membership in the association will be composed of the various organizations in the city, and also of other persons selected by the board of control.—*San Antonio Express,* January 13.

Isolation Hospitals.

BY HAMILTON P. JONES, M. D.

You will notice, as I describe the various hospitals, how radically our ideas and practices have changed regarding the prevention and isolation of yellow fever. In view of our knowledge today, things done at the beginning of my career with yellow fever, only nine years ago, seem to be ridiculous, but, as you will note by the following extract from my report to the Board of Administrators of the Charity Hospital on work done at the "New Orleans Yellow Fever Isolation Hospital," 1897, things were done with the utmost earnestness that are now known to be absolutely unnecessary.

First Extract. Dressing rooms for the visiting physicians, ministers, priests, etc., were provided in a building constructed specially for that purpose at the front of the main building. Each visitor, without exception, was required to exchange his outer clothing for a suit of white duck, previously soaked in a solution of bichlorid of mercury which was allowed to dry on it; to exchange his shoes for canvas ones, and to wear a cap. At the conclusion of the visit, soap, water, towels and the necessary disinfecting solutions were provided. By the indiscriminate enforcement of these regulations the dangers arising to the community from the visits of physicians to the hospitals were reduced to a minimum.

Absolutely no visiting the sick by friends or relations was allowed, and very few physicians gained admission.

I remember distinctly as though it were today, having the bed of a dying Italian child drawn near a closed glass window, so that her mother on the outside might see the last.

We knew no better then, but this is only one example of the

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misery and suffering caused by ignorance, duplicated in thousands of instances by unnecessary shot-gun quarantines and panics.

Even more striking is the second extract.

All infected linen, sheets, pillow cases, towels, etc., from the hospital were at once placed in a solution of bichlorid of mercury 1 to 1000, then boiled and washed. All urine, feces, urinals, night vessels, slop-pails and all utensils, such as sick-cups, thermometers, etc., were constantly disinfected with carbolic acid and solutions of bichlorid of mercury.

The utmost care was taken to destroy with fire all contaminating material capable of such treatment. The wards, halls, etc., were kept scrupulously clean and free from contaminating material, such as old shoes, rags, etc.

Catheters and surgical instruments were subjected to the usual process of sterilization.

In the cases of persons dying in the wards, the bodies were treated in accordance with the regulations of the Board of Health. The body was at once wrapped in a sheet wet with bichlorid of mercury 1 to 1000, after being divested of all clothing, and was then conveyed to the dead house. All burials, whether by the hospital or by friends, were done under the regulations of the Board of Health. The hearse to precede the one or two carriages allowed by at least a block, and the whole to move through the city at a rapid trot.

Cured patients were discharged after having their clothing and personal property thoroughly disinfected and their own persons given a thorough bath in a warm solution of bichlorid of mercury 1 to 2000, and being wiped off in pure alcohol.

Always before leaving the hospital in 1897 I submitted myself to a process of sterilization, but, in spite of all I did in this direction, I was in that summer the most lonesome of men. My company was not desired; if I entered a crowded street car, and my presence was known, at the next corner it would be emptied, many even leaving their meals at restaurants should I enter.

This, my first isolation hospital, was established by the Charity Hospital authorities, in order to protect that institution from infection, where the mortality rate had always been exceedingly high.

It was situated in the Beauregard School Building, on Canal street, and was well equipped. The site was isolated, and the building was well ventilated and had very pleasant surroundings. There was no mosquito protection other than was generally practiced at that time. There is nothing special to mention about this hospital, except that a mob of citizens opposed to the location

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of a hospital in their midst, partially destroyed the buildings and cisterns by fire. No cases of fever were traceable to this institution.

My next experience in conducting an isolation hospital was in Cuba, during the active part of our campaign against Santiago, 1898. I landed at Siboney on the morning of June 25. That evening I was ordered by Gen. Kents, Chief Surgeon, to inspect the buildings in and about Siboney, in order to find a suitable place for a hospital. A number of these buildings would have, in a measure, answered the purpose. I, however, reported them a menace to the health of our troops, and a probable source of yellow fever infection, and recommended that they be burned. General Miles later had them burned, but not until quite a number of cases had arisen, traceable to them. It was generally noted that the men did not get sick of yellow fever unless they slept in houses. Those who had no occasion to go to the towns or city, or to visit for any length of time any huts or cabins, were singularly free from infection. I was, on the 7th of July, on account of the illness and departure of Dr. John Guiteras, made yellow fever expert at the front, and on the 13th of July was ordered to establish what was subsequently known as "Jones Yellow Fever Hospital," about three miles from Santiago. As long as we remained in the field no case originated among the personnel of this hospital, or any of its inmates, but as soon as we moved back to Siboney and occupied a sawmill building, that had been used by the Spanish as a yellow fever hospital, my men began to sicken, and in a short time I had a number of cases to develop of a severe type, with considerable mortality, losing three nurses who had been six weeks in the field hospital with impunity. The sawdust pit of the mill was nearly full of water.

In what striking contrast does the management last summer of the isolation hospital stand to my previous management.

With the glorious knowledge given us by Reed and Carroll, last summer's fight was a fight in the open with a known enemy, and, armed with absolute knowledge and determination, we won one of the grandest fights ever made. And what was that fight? It was to keep mosquitoes from biting a yellow fever patient before the end of the fourth day of the disease, and to kill any mosquitoes that might have done so, as soon as possible. I say any mosquitoes, because all that bite are a nuisance, whether they convey disease or not, although the stegomyia is the yellow fever conveyor.

I accepted the tremendous responsibilities of physician in chief of these hospitals imposed upon me with a firm belief in the truth

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of the mosquito theory and a firm determination to truly and consistently conduct them along the lines laid down by it, and that they did the work intended for them to do successfully, and became facts of record in support of this theory, is well known to you.

No protective or preventive measures were used other than the perfect screening of the openings of the buildings with 19-mesh wire gauze, and the mechanical contrivance of screened entrance and exit vestibule with three doors, no two of which could be opened by the same individual at one time, and additionally guarded by electric fans forcing a current of air outwards, too strong for a mosquito to fly against, even though all three doors were open. In addition to these mechanical devices, some one was always stationed in this vestibule to guard additionally against entrances of mosquitoes, either in packages or otherwise.

No cases developed in this hospital or were traceable to it.

No attention was paid to the fact as to whether doctors, nurses, help or other inmates were immune or not.

Visiting the sick by relatives and friends was permitted and encouraged.

Physicians and citizens were urged and invited to visit the hospital, and I estimate that over seven thousand persons availed themselves of this privilege, without a single accident.

No disinfectants were used for any purpose, except to destroy mosquitoes.

The bodies of the dead were not disinfected, and many largely attended funerals were held directly from the hospital.

The laundry, although often covered with feces, urine and black vomit, were carried directly from the wards and beds to a large Catholic convent in the neighborhood, without disinfection. It is remarkable to note that this institution was one of the few public institutions in this city to entirely escape the disease.

Of the greatest importance is the fact that many cases were brought to these hospitals from the country without in any manner influencing the victorious fight waged here.

We have proven that we can and will control yellow fever, if it is known to exist, and that the presence of a well constructed and managed hospital is not a danger to a community, but a safeguard and a place of refuge for the terror-stricken, as was evidenced last summer by nine refugees from stricken Rosetta, Mississippi, coming into the hospital of their own free will, because they believed, what was really true, that the hospital was the safest place in the city for them.

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In all the hospitals with which I have been connected, every one who was associated with them had to do the most tremendous amount of work in a few hours, getting together the physical necessities for the housing and care of the sick in the face of unreasoning panic and fear of mob violence, and incendiarism.

Isolation hospitals are for the protection of the community primarily, and the immense weight of the moral responsibility on those in charge is not to be known or understood, except by those who have borne it. Yet it rests more heavily on the community that supinely waits until the crisis is come, and then in a day establishes an emergency hospital, placed in some locality against the wishes of its neighbors.

It takes a long time to establish confidence in any new thing, and no sick man wants to travel unfamiliar fields.

In handling any disease requiring isolation, you must isolate promptly, and especially in yellow fever, and I beg of you as you value the lives of yourselves and families and the prosperity of your city and State, to see to it that a permanent isolation hospital be planned and built at once and kept ever ready for use.

We were lucky last year. Another year may find that the absence of a hospital will cost us dearly, in letting slip the opportunity of treating the first cases.

And now, gentlemen, I wish to extend to you, through the courtesy of Dr. Chassaignac, chairman of the "Public Health Association Executive Committee," an invitation to visit the second hospital established last summer, so that you may see for yourselves what kind of an emergency hospital we used and which is now ready for almost instant use. Unfortunately, the building is not ours, and we must at an early date select a site and build a permanent isolation hospital, for the care of scarlet fever and diphtheria, and, if the unfortunate necessity arises, for yellow fever; smallpox, in my judgment, should never be cared for, except by itself. To-morrow from 12 to 4 the hospital will be open to your inspection.—*New Orleans Medical Journal.*

Music Touched His Heart.

A thief broke into a Madison avenue mansion early the other morning and found himself in the music room. Hearing footsteps approaching, he took refuge behind a screen.

From 8 to 9 o'clock the oldest daughter took a piano lesson.

From 9 to 10 o'clock the second daughter took a piano lesson.

From 10 to 11 o'clock the eldest son had a violin lesson.

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From 11 to 12 o'clock the other son had a lesson on the flute.

At 12:15 all the brothers and sisters assembled and studied an ear-splitting piece for voice, piano, violin and flute.

The thief staggered out from behind the screen at 12:45 and, falling at their feet, cried:

"For Heaven's sake, have me arrested!"

Love Song of the Future.

Tell me, darling, ere with rapture
We shall sink in love's eclipse,
Ere with joy a kiss I capture,
Have you sterilized your lips?

Tell me, darling—fairest creature
Ever born the skies beneath—
Is your hair a natural feature?
Are they yours—those gleaming teeth?

Tell me, tell me, charming lassie,
When you're angry, and your eye
Stares at me with stare that's glassy,
Pray, what does that signify?

Is your stomach in condition?
Have you pains around your back?
Does your heart fulfill its mission?
Is your liver out of whack?

Tell me, O bewitching creature,
Whom I love in fiercest way,
Tell me, ere I call the preacher—
Darling, are your lungs O. K.? —*Puck.*

The Roentgen Rays and Malignant Disease.

E. G. Williams, Richmond, Va., thinks that we are still in the pioneer stage in the discovery of the possibilities of the Roentgen rays in the treatment of disease. The variation in results reported should be no discouragement. We have to consider the variability of the various factors in the production of the ray, in its method of application, in the penetration and effective energy of the rays from different sources and the different nature and locations of the growths treated. The lack of a unit or standard to use in applying the ray is another difficulty which he has met approximately by the use of the electric units of current in the tube circuit. To

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a certain extent also the physiologic efficiency of the ray is proportional to the energy given off from the tube, but it depends more on the degree than on the total quantity, on the principle that one strong blow is more effective than a series of lighter ones, though the total amount of energy may be the same. This seems to him to be true, notwithstanding the fact that the action of the ray is to a large extent cumulative, *i. e.*, the effect of one treatment persists over many days and subsequent exposures during this time are superadded. The physiologic efficiency is estimated by observation and study of the tissues exposed. The rays seem to have no effect on dead organized matter, and if we knew the nature of the difference between the living and the dead we could probably explain the action of the rays. Williams suggests the possibility of a close relation between the vibration period of the rays and that of atomic or subatomic activities that constitute the vital principle in protoplasm. It is the cells, and these in proportion as they exhibit the manifestations of life, that are principally malignant growths, especially carcinomas, that have the largest proportion of vitally active cells. In the treatment of tumors, therefore, the result depends on their constituent cell tissues and their accessibility to the proper quality of radiant energy. Hence the adaptability of the rays for superficial malignant growths, while for deeper ones excision is indicated, followed, of course, by sufficient exposure to the rays to destroy malignant cells that may be left. Excision should also be practiced, in his opinion, with cancer of the lips or of any mucous membrane, as he has found such for some reason especially resistant to the rays.—*Journal A. M. A.*

THE STATE AND TUBERCULOSIS.—G. W. Holden, Denver, in discussing the duty of the State in the prevention and control of tuberculosis, considers compulsory registration imperative, the records, however, to be accessible only to authorized officials. In case of indigent patients, not under care of a reputable physician, isolation may be necessary. Monthly bulletins should be issued and sent to every practicing physician by the State Board of Health, and in these the subject of tuberculosis should be a prominent feature. Dry street sweeping should be condemned as dangerous, and if the streets can not be properly flushed they should be sprinkled before swept and the sweepings carted away. Anti-spitting laws should be enforced and infected apartments should be disinfected after death. Overcrowding in tenement houses should be abolished so far as possible. Public conveyances, including rail-

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way and street cars, should be under sanitary control and the smoke nuisance should be abated. Dairies and herds should be frequently inspected and proper sanitary methods ensured, and there should be more careful inspection of slaughtered animals for home use. The exclusion of consumptive children should be insured by law, and school rooms never used for public meetings or be disinfected after each time of such use. State or city charges, if tuberculous, should be isolated, and Holden suggests that every general hospital should isolate tuberculous patients regardless of the disease for which they are in hospital. The matter of city and State sanatoria is a complicated one. The possible interference of politics, the expense, size, etc., all have to be considered. Holden advocates county asylums with State aid under the supervision of the State Board of Health as a possible solution.—*Journal A. M. A.*

Why We Die.

Taking as its motto the homely adage, "An ounce of prevention is better than a pound of cure," the Medical and Chirurgical Faculty of Maryland launched a new movement for the education of the public in questions of health at a mass meeting held recently at McCoy Hall.

Dr. J. N. McCormick, who has been a member of the Health Board of Kentucky for twenty-five years, was the leading speaker. His theme was "Things About Doctors Which Doctors and Other People Ought to Know."

Many of his utterances, while not entirely new, had the ring of surprise in them. For instance, he declared that one-third of the sickness which has occurred in the State and in the country in the past year and every year was due to diseases which are distinctly and practically preventable. The people and the men in authority in the government, he declared, were slow in waking up to this fact.

For five years Dr. McCormick has been going from place to place trying to waken up the people and to impress upon legislators the wisdom of the assertion made by Gladstone. "The care of the public health is the first and most important duty of the statesman."

After speaking of the great number of deaths in the army on account of inefficient measures for prevention of disease, he turned his attention to Maryland, and said:

"Now, this is a bad record for us as a nation, but that for Maryland is even worse. One-third of the people sick in this State in

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1905, and every year, and one-third of those you took to your cemeteries were sick and died of diseases which your medical profession could and would have prevented if they could have had the intelligent co-operation of your people.

"You had in that year 2388 deaths from consumption, which means that you have about 8000 cases of this disease in your State constantly. The common impression is that this is an inherited malady, but this is an error. No matter what your mother and father died of, you can no more have consumption except by getting into your body the germs from a previous case than you can raise corn or wheat on one of your rich Maryland farms without seed. If all of the expectorated matter and the other infectious discharges from every case of this disease now in your State could be collected and destroyed until they recover or die, there need never be another case within your borders unless it be an imported one.

"You had 1422 deaths from the diseases of childhood caused by using dirty, adulterated or spoiled milk. We often speak of the slaughter of the innocents by Herod, but he was a novice in the business as compared with our modern cities.

"You shuddered with horror over the loss of life on the Larchmont and in the New York Central wreck the other day, and properly so, but more babies die needlessly every week in your State during the hot season than there were people killed in both these disasters, and it goes on almost without comment. It would be cheaper for you to inspect the dairies or sterilize the milk and save these babies than it would be to bury them.

"You had 256 deaths from diphtheria and scarlet fever, all distinctly preventable. You had 476 deaths from typhoid fever during that year. This means, according to the best estimates, that you have about 6000 cases of this disease during each year.

"Typhoid fever is a typical filth disease. No one can have it except by getting into their mouth and stomach some of the discharges from the bowels or kidneys of someone who has it. This is not a nice thing to talk about, but nice people ought to think about it and stop doing it. In cities it often comes from the use of infected water, as in the epidemic now on in Scranton; less frequently in the milk, sometimes on the hands, cooking utensils or food. In small towns or country districts typhoid fever is usually carried by the ordinary house fly, as it was at Chickamauga and the other military camps during the Spanish-American War.

"In short, during this one year you had 5848 deaths from preventable diseases. Now, a State has no more valuable asset than

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that represented in its healthy population. According to the political economists, to say nothing of the cost of caring for the sick who recovered from these diseases, this represents a distinct loss to your people each year of $5,848,000."—*Baltimore Sun.*

A CLINICAL INVESTIGATION OF AN EPIDEMIC OF GRIPPE FOLLOWED BY A LARGE NUMBER OF CASES OF PNEUMONIA. — Albert Woldert has had the opportunity of carefully studying cases of croupous pneumonia and grippe in a small rural district. From his observations he has drawn various conclusions, among which are the following: While grippe appears to be an infectious disease, not all of those who come in direct contact (such as sleeping in the same bed) contract the disease. The possible average period of incubation by air transmission is about seven days. One suffering with grippe should be warned against the tendency to develop pneumonia. Proper care should be exercised to destroy all sputa and fomites which may aid in the spread of grippe. Infection of the human system by the bacillus of grippe so lessens the natural immunity, or prepares the soil of man, that subsequent infection by the virulent diplococcus of pneumonia may more readily occur. The possible average period of incubation of croupous pneumonia by air transmission is about ten days.—*Medical Record.*

Dispensing Versus Prescribing.

M. H. Fussel, Philadelphia, discusses the question of physicians dispensing their own medicines, assuming that the physician is near a reputable pharmacy. Of course the country physician has no other recourse and Fussel's statements do not apply to him. Fussel finds that it can not be said to be for the benefit of the patient. Physicians can not well put up prescriptions suited to all cases. They have neither the necessary skill nor time for such work. The tendency is to make the patient come often for renewal of his medicine, and as a physician can not keep everything that the patient needs in stock there is a constant practice of substitution. While dispensing medicines may increase the number of the young physician's patients, it does not necessarily make a profitable practice in the long run, and it leads to careless habits in studying and diagnosing cases. A prescription is a formula adapted to a special case and helps a man to become less routine and to rely less on ready-made formulas. To summarize, he says: "Dispensing often gives to the patient drugs unfitted for his case,

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at greater cost to himself than if he obtained them on prescription. It helps to make it easy for the physician to become routine and to neglect the proper study of his cases. It ruins the druggists in the neighborhood and leads them to become nostrum vendors."—*Journal A. M. A.*, December 1.

THE INTESTINAL BACTERIA; HOW THEY ACQUIRE TOXICITY, AND HOW TO DETERMINE THIS EXPERIMENTALLY FOR CLINICAL PURPOSES.—E. Palier declares that we have to deal with only two microorganisms, which are constantly found in the feces and which may become pathogenic. These are the coli bacilli and the cocci. From his experiments he concludes that a fresh medium enhances the virulence of the coli bacilli, and that in agar older cultures are on the whole more virulent than fresh ones. It appears that under a meat diet the coli bacilli of the intestines are most likely to become virulent. This is most likely to occur when some of the meat happens to pass in an indigested state through the stomach and duodenum. As to the cocci, the writer has found them usually in the form of diplococci or in short chains. It is generally admitted that the coli bacilli are in most cases responsible for appendicitis, yet in some cases cocci alone are found in this affection. The presence of the feces of virulent cocci denotes a localized point of suppuration somewhere in connection with the intestinal canal. It is the virulence of bacteria that is of importance.—*Medical Record.*

The Opsonic Index in Medicine.

In a joint paper, N. B. Potter, N. E. Ditman and E. B. Bradley, New York City, give a critical review of the ascertained facts as regards opsonins and the opsonic index in pathologic conditions, and give their estimate of the practical value of the latter. The great difficulty, they think, will probably be in the fact that the variations of the indices do not always correspond with more or less profound changes in the conditions, and that this variation is frequently not far beyond the limits of error in a method where the chances for small errors of technic are numerous. The determination of single indices may be of some aid in diagnosis, but before this can be considered a thoroughly reliable method, considerable work is needed to determine the specificity of opsonins. The authors consider this question as still unsettled. The work of Wright and Reid indicates that some diagnostic aid can be obtained by comparison of serum and exudates, and by the methods

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of heated and unheated serum. A wider field of application will probably be found in the control of inoculations of vaccines to determine the optimum dose and its frequency, but here the clinical difficulties also somewhat limit the method. A little explored field in which it may prove of great value is the determination of susceptibility to various infections, especially the inherited susceptibility to tuberculosis. Its greatest use will perhaps be found in the laboratory, where it may be found to be a convenient and rapid method of testing the virulence of organisms and the strength of sera that are dependent on opsonins for their beneficial effects. The therapeutic application of the known facts regarding opsonins is not discussed in the article, except incidentally.—*Journal A. M. A.*, November 24-December 1.

CAMPHOR-CARBOLIC LINIMENT.—Editor Medical World: In reply to Dr. S. W. Stuteville, page 67, February World, I will give my formula for a liniment containing camphor and phenol. It is made by making a saturated solution of gum camphor in carbolic acid, then adding the alcohol. The amount of alcohol can be varied. I usually make it as follows:

Gum camphor	℥xij
Carbolic acid	3iiiss
Alcohol	3v

I have used this to the exclusion of all other liniments for external use for seven years—never think of using anything else for cuts, burns, sprains, bruises, blood poison, etc., and the people around here have learned many other uses for it. They call it "Culbertson's Cure-all" (a name which I try to avoid). It is nontoxic and can be used freely. With the present price of camphor gum it is rather expensive, but to me it is invaluable.—*E. C. Culbertson, Caldwell, Ohio.*

An Important Factor in the Causation and Treatment of Many So-called Functional Disorders.

Carl G. Leo Wolf begins his paper with a reference to these headaches of obscure origin which are even now often attributed to autointoxication. The etiological factor of eyestrain was first recognized in relation to these headaches. Phenomena of hysteria are repeatedly due to eyestrain. The same is true concerning neurasthenia. This is a disorder common to men with sedentary habits and women with too much money and leisure. The writer says he

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has never seen a case of nervous prostration in a washerwoman or of neurasthenia in a track-hand. Other disturbances that he has observed to be caused by eyestrain are chorea, neuralgia, colds, asthma, anemia, polyuria, and dysuria, dysmenorrhea and backache, and torticollis. The fitting of glasses is an art which is mastered by only a few. The greatest care should be given to the examination of the eyes and to the choice of proper glasses.—*Medical Record*, December 1, 1906.

THE PREVENTION OF TUBERCULOSIS.—W. N. Beggs, A.B., M.D., Denver, Colo., believes in attacking tuberculosis infection by cutting off its opportunities so far as possible, by means of notification of cases, reasonable measures of isolation in suitable cases, the use of sanitaria, tuberculous hospitals and dispensaries, frequent examinations of members of families of consumptives and of others exposed to the disease and the disinfection of quarters that have been occupied by tuberculous patients. The dust menace in the cities, he thinks, is a serious one. Mention is made of tuberculous meat and milk, but they are not discussed. To strengthen the individual resistance against the infection is an unending field of effort. We can not expect to abolish the germ, as it is practically ubiquitous, but we can employ every possible hygienic resource. Especial emphasis is given by Beggs to the importance of diet and of the condition of dwellings and workhouses, the raising of children, especially in tuberculous families, and of educative influences generally in matters af health and right living. He has little faith in the efficacy of legal regulation of the marriage of consumptives. All our efforts must be tempered with good judgment lest we do harm while trying to benefit. We should combat the useless and cruel phthisiophobia that exists at the same time that we are striving to disseminate correct ideas that will be effective.—*Journal A. M. A.*

Treatment of Prostatic Enlargement.

James Pedersen declares that at the present state of knowledge he does not believe that it is possible to say absolutely when surgical intervention should be advised. More detailed, descriptive, and searching statistics, especially as to end results, on both the conservative and the radical sides are needed. The exclusive advocacy of one operation is unwarranted. Various factors should influence the physician in his treatment of these cases. The variation in the state, degree, and complications of the pathological condition must

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govern his method of caring for the case. From his study of these patients the writer believes that the teaching which advises surgical intervention as soon as catheter life fails, comes nearest to being correct. He believes in discriminate intervention as against indiscriminate operating.—*Medical Record*. November 24, 1906.

THE SANATORIUM IN THE TUBERCULOSIS CRUSADE.—C. L. Wheaton, Chicago, considers the sanatorium one of the most important aids in the crusade against tuberculosis; climate can no longer be considered the one great factor in the cure. The sanatorium has shown that pure air in any climate is the essential thing in the arrest of this disease. It is not, however, through the private sanatorium that the most beneficial results are to be obtained; there should also be public sanatoria for indigent consumptives, without depending altogether on antituberculosis associations taking the initiative and asking only for a certain amount of government aid. While a future successful serum treatment of the disease is a possibility, we should at present rely on the rational methods at our command and discourage the tendency to faith in nostrums and quacks.—*Journal A. M. A.*

THE HYOSCINE SLEEP IN OBSTETRIC PRACTICE.—Woodbridge Hall Birchmore believes that hyoscine is for the accoucheur the ideal anesthetic. He knows of no experience with an excessive dose. The importance of the hyoscine sleep in obstetric practice is amply demonstrated. It gives all the aid in quieting the patient that any narcotic can give, while in addition it affords a practical anesthetic of prolonged duration without risk to either mother or child. This anesthetic sleep is without danger. Hyoscine is a drug sedative to the cerebro-spinal axis, but not to the ganglia connected with the reflexes of common life.—*Medical Record*.

BEXAR COUNTY VS. DR. ROBBIE. — The Bexar County Society filed charges against Dr. Robbie for practicing medicine without a license at San Antonio, and now Dr. Robbie has filed a mandamus against the State Board of Medical Examiners, declaring that he has maliciously, wilfully and wickedly been refused a license to practice medicine because he has resorted to advertising to get patients. Robbie is a Harvey Medical College graduate. Besides practicing under his own name, we are informed that Robbie also established other offices in the city, conducting these offices under the names and license of other physicians now non-residents. He

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alleges that he purchased these practices outright with the right to use the physician's name.

To Help Consumptives—A Plan to Set Them at Work in Forest Reserves.

The brain of a thinker in the Keystone State has evolved a plan for the utilization of the natural advantages in the cure of consumption and the safeguarding of the community from tuberculosis infection.

Pennsylvania combines among its public utilities large State forestry reservations, a State school of forestry devoted exclusively to training young men for its forest service, liberal forest laws which allow of improvement cuttings as well as improvement plantings, and a camp for consumptives, to which ailing persons may go if they can not, for want of funds, go to more expensive health resorts. Thinking over this combination of State institutions it occurred to Dr. T. J. Rothrock of Mount Alto that it would be a good plan to unite them in the interest of the great body of consumptives and the community at large as well. His argument in favor of the plan is thus set forth succinctly by himself:

"The unguarded consumptives are probably more dangerous to the community than the insane persons who are now under the State care would be if liberated. The latter would be restrained to a certain extent by their friends, whereas, the public is seldom so guarded against consumptives, who are scattering the germs of the disease in all directions.

"I believe a wide-reaching economical system is possible by which most, if not all, such persons may be provided for. Pennsylvania has nearly 1,000,000 acres of forest reservation land. Most of it must be replanted in young trees. To do this work not less than 1,000,000,000 seedlings must be raised and transplanted into the ground where they are to grow. It would require a very large force of men to raise and transplant annually 1,000,000 trees. Even if this were done the task of reforesting the State would require a thousand years. A work so slowly done would fail utterly to meet the economic exigencies which demand for the prosperity of the commonwealth that all of our rocky watersheds should be devoted to the growth of timber. It would be only a drop in the bucket if the State transplanted annually 4,000,000 forest seedlings. That would simply cover 4000 acres, or six and one-fourth square miles.

"Little of the labor required in raising and transplanting seedlings is of a hard or exhaustive character. Most of it is very light.

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It is all out of doors, and it would be in our health belt where the air is pure.

"Life under such conditions would be for the convalescent consumptive more desirable in every way than life on a farm, and I believe it would also be safe for the community. In addition to this willow culture and the manufacture of baskets and other wicker work could be extensively conducted. Small articles of rustic work would furnish an endless opportunity for those who had a constructive turn."

As a practical beginning Dr. Rothrock points to the work of the Mountain Camp Sanatorium in Franklin county, Pennsylvania. There the consumptive unable to pay for treatment is received and treated free. The proposition is to send all the convalescent patients from this sanatorium to the State School of Forestry and from there to the open reservations where the life of a forest ranger—a pure, healthy, outdoor occupation—would not only serve to keep the convalescent from falling back into the old conditions of ill health, but would prevent danger to the public from the spreading of germs that still might be dormant in the system of the consumptive. Dr. Rothrock ends his plea for the consumptive with this significant argument:

It will cost something less than any plan proposed, and bear in mind if you will that, whether you cure these persons whose poverty appeals to your generosity or whether you support them in hospitals or private homes and finally lay them to rest in plain coffins, you must and ultimately do bear the expense. It is cheaper to cure them and restore them to the ranks of productive citizenship than to board and bury them."

It will be an interesting sight when the nation witnesses the forests of the country being built up by the army of sufferers from the great white plague, who themselves, in restoring the wasted ranges to their natural state, are being restored by the bountiful nature whose work they are assisting. Dr. Rothrock estimates that 10,000 citizens of Pennsylvania are now in the early stages of tuberculosis, and could be restored to reasonable health under proper conditions. "Turn them loose in our forests," he urges, "and let them restore themselves while restoring the wooded ranges. A plan so economical, safe and beneficial to all is not likely to find a single opponent.—*New York Tribune.*

For Him to Decide.—"Well, well" said the absent-minded professor, as he stood knee-deep in the bathtub, "what did I get in here for?"

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PRURITIS ANI.—T. Chittenden Hill says that by far the most important causes of pruritis ani are superficial ulcerations or abrasions of the anal canal. This lesion is very constant and should always be looked for. The writer then discusses various other conditions associated frequently with this affection, among which are catarrhal diseases, hemorrhoids, and polyps. Appropriate treatment must be applied to the unnatural skin before much amelioration of the itching can be expected. After defecation the patient should cleanse thoroughly the anal region, preferably with absorbent cotton which has been wrung dry of some antiseptic solution. An anal pad held in place by a T bandage will protect the parts from friction and irritation of the discharge. Nitrate of silver and citrine ointment are excellent applications in most cases. For delicate skins the following ointment may be substituted for the citrine: red oxide of mercury three drachms, Venice turpentine one ounce, lanolin three ounces.—*Medical Record.*

MOTHER LOVE.—Friend—"I am afraid your husband has a bad cold; he's continually sneezing. It's quite painful to hear him. Why don't you ask a doctor to see him?"

Matron—"Well, I'm waiting just a few days, because it amuses baby so to see his father sneeze."—*Bon Vivant.*

GONORRHEAL ARTHRITIS.—J. A. Witherspoon, Nashville, Tenn., describes gonorrheal arthritis which is by no means always consecutive to specific urethritis, but may develop from the infection in any part of the body. He does not, moreover, accept the statement of certain authorities that rheumatic individuals are more liable to this phase of gonorrhea, except in so far as a general lessened resistance may make them so. The two diseases are absolutely independent of each other. No joint in the body is exempt, but in his experience the left knee has been the one most frequently involved. The disease is in most cases readily distinguishable from articular rheumatism, but there may be more difficulty in differentiating some of the chronic cases from tuberculous arthritis. In the latter, however, the involvement of the joints is less apt to be multiple, they are less painful and swollen as a rule, and the trouble usually dates from some injury instead of from a gonorrheal infection. There is usually a tuberculous tendency. The prognosis of gonorrheal arthritis is always uncertain; the infection is often latent, especially in the glandular type, permanent ankylosis is lable to result, and if the heart becomes involved it is always of grave prognostic import. Treatment is as varied as it is

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unsatisfactory. In acute cases Witherspoon advises rest in bed, fixation of the joint by splints to relieve pain, which may also call for an opiate. Local applications are grateful, and he recommends an ichthyol ointment, 50 per cent, early in the case. Salicylates, which are very generally given, do no good, but add to the discomfort by disordering the stomach. In chronic cases, general reconstructive and potassium iodid are useful, and in both forms the cure of the initial lesion as early as possible is advised. Witherspoon does not agree with those who condemn surgical measures in this disease, but thinks that they are often of great benefit. Partial strapping of the joint will often give relief; in other cases aspiration and in suppurative cases incision and drainage is the only treatment. Fuller's method of opening and draining the seminal vesicles is noticed, and a case is mentioned in which it seemed to be of benefit. The author finds it difficult to understand the rationale of this treatment.—*Journal A. M. A.*

Effect of Alcohol on School Children.—As a result of investigations on the moral, physical and intellectual conditions of school children, T. A. MacNicholl, New York City, finds that the disabilities from environments are exceedingly marked, especially in city children, and that the drinking habit among children, especailly those of foreigners, is far too prevalent. Out of 34,000 children in good circumstances, 73 per cent were abstainers, 23 per cent beer drinkers, 4 per cent spirit drinkers, including wines. Out of 6879 children in poor circumstances, 50 per cent were abstainers and 4 per cent drinkers of beer and spirits. Of this class, 36 per cent of the American born and 50 per cent of the children of foreign parents drink. Of the drinking Americans, 9 per cent had foreign-born parents and great-grandparents. Of the well-to-do children, 68 per cent have abstaining parents, of the poorer children only 15 per cent. Of 12,919 dullards among the well-to-do class, 9689 had drinking parents. Of the 3195 dullards among the poorer children, 2715 had drinking parents. The effects of alcohol in producing organic disease in the children are also noted. He finds that the alcohol habit, superadded to the stress of modern life, puts an increasing strain on each succeeding generation. The poverty due to money going for drink adds to the burdens of childhood and an alcoholic environment is directly unfavorable. The train of psychic and organic degeneration from alcohol in the offspring threatens the stability of our country by producing diseased and criminal citizens, and to remedy the condition MacNicholl holds that we should continue to give scientific instruction in the

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fullest degree as to the effect of alcohol in our public schools, increase the means of rational recreation and generally improve the environment as well as employ all other methods that will lessen the deteriorating effects of alcohol and other causes of degeneracy. —*Journal A. M. A.*

Books and Magazines.

AMERICAN PRACTICE OF SURGERY. — A complete system of the science and art of surgery, by representative surgeons of the United States and Canada. Editors: Joseph D. Bryant, M. D., Albert H. Buck, M. D. Complete in eight volumes. Profusely illustrated. Volume II. Wm. Wood & Co., Publishers, New York City.

We acknowledge receipt of the second volume of this American Practice of Surgery, edited by Joseph D. Bryant and Albert H. Buck of New York City. It is complete in eight volumes. The second volume is certainly up to the high standard set by the first and the illustrations are profuse and well executed. Contents of volume 2 divided into parts are as follows:

Part VI.—Diseases Which Belong in Varying Degrees to the Domain of Surgery, and Which are Observed in Certain Ports of the United States and its Dependencies, and in Canada. Leprosy, Plague, Glanders, Anthrax, Actinomyclosis, Mycetoma, Rhinopharyngitis Mutilans, and Scurvy, with Special Reference to Diagnosis and Surgical Treatment.

Part VII.—General Survey of Tuberculosis and Syphilis in Their Relations to Surgical Work. Tuberculosis, from a Surgical Standpoint. Syphilis, from a Surgical Standpoint.

Part VIII.—Surgical Diseases of Various Widely Distributed Structures of the Body. Abscess, Ulcer and Ulceration, Gangrene and Gangrenous Diseases, Surgery of Diseases of the Skin, Surgical Diseases and Wounds of Muscles, Tendons, Bursa, and Connective Tissue, Surgical Diseases and Wounds of Nerves, Surgical Diseases and Wounds of Lymph Nodes and Vessels.

Part IX.—Surgical Diseases Caused by Intense Heat and Intense Cold, and by the Electric Current. Burns and the Effects of Electric Currents and Lightning, Congelation or Frost-bite.

Part X.—Simple and Complicated Wounds, Including Gunshot Wounds. Simple and Infected Wounds of Soft Parts by Cutting and Piercing Instruments, Gunshot Wounds.

We can not speak too much praise in favor of this surgery, and as before stated, America stands at the front when it comes to sur-

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gery, and this set of books certainly makes an advance in the surgical domain in this country.

PRACTICAL DIETETICS, WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, Graduate, Department of Household Arts, State Normal School, Framingham, Mass. Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City. Former Instructor at Lakeside, St. Mary's, Trinity, and Wisconsin Training School for Nurses, Milwaukee, Wis.; St. Joseph's Hospital, Chicago, Ill. Special Lecturer at Bellevue, Mount Sinai, Hahnemann, and the Flower Hospital Training Schools for Nurses, New York City; St. Vincent de Paul Hospital, Brockville, Ontario, Canada. Fourth edition. A. F. Pattee, Publisher, Mount Vernon, New York.

This little volume has passed to its fourth edition and is a practical little book for the use of nurses in hospitals as well as by mothers and nurses outside of hospitals. The preparation of food is a science as well as an art and has been reduced to a scientific fact, and such books as these give the nurse and others these practical, worked-out, scientific formulas ready for immediate use in the preparation of foods and drinks for the sick whatever their disease. This little volume should be in the hands of every physician and nurse and should be used by the family in any household where a patient is sick for any length of time. We can not say too much in its favor.

A TREATISE ON ORTHOPEDIC SURGERY. By Royal Whitman, M. D., Clinical Lecturer and Instructor in Orthopedic Surgery in the College of Physicians and Surgeons of Columbia Univers New York; Associate Surgeon to the Hospital for Ruptured and Crippled; Orthopedic Surgeon to the Hospital of St. John's Guild. Member of the Royal College of Surgeons of England; Member and sometime President of the American Orthopedic Association; Corresponding Member of the British Orthopedic Society; Member of the New York Surgical Society, etc. Third edition, revised and enlarged. Illustrated with 554 engravings. Lea Brothers & Co., Publishers, Philadelphia and New York.

This splendid volume has reached its third edition and comes from the press with the beginning of the new year destined to carry much useful information to the surgeon throughout the country. Orthopedic surgery has become a specialty, and the greatest field is here offered for art and skill. The most distinctive advance in recent years of course has been made toward the prevention of deformity, and as a result treatment has become more direct, simple and effective. America stands high in orthopedic surgeons. The great work now being done by these eminent surgeons in various

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portions of this country only adds to the reputation of America for her surgeons. The visit of Dr. Lorenz of Vienna to this country and his practical demonstrations throughout the United States has certainly created a wide-spread and deserved interest in this branch of surgery. But it is not the major operation alone that causes us to become interested, but it is in the various forms of deformity as we see them in our daily work. Dr. Whitman is an authority and has been especially well trained not only as a teacher, but as a surgeon in hospitals devoted exclusively to this line of work. His book is profusely illustrated and deserves a place in the library of every up-to-date surgeon. It contains in addition much statistical information to the orthopedic surgeon, and we bespeak for this volume a continued liberal patronage which its predecessor has so well deserved.

THE PRACTICAL MEDICINE SERIES—Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume X: Skin and Venereal Diseases, Nervous and Mental Diseases. Edited by W. L. Baum, M. D., Hugh T. Patrick, M. D., William Healy, A. B., M. D. Series 1906. The Year Book Publishers, Chicago. Price per volume, $1.25. Series of ten volumes, $10.

This little handy volume concludes the series of ten volumes issued by the Year Book Publishers, 40 Dearborn street, Chicago. The ten are furnished the profession at $10 per year, or the single volume if desired at $1.25. These volumes are carefully prepared and give the busy practitioner the practical medical information of the year, and the up-to-date physician can not do better than keep himself posted by procuring these books and giving them a careful perusal, for by just such publications as these the busy practitioner throughout the length and breadth of the land is enabled to become, so to speak, acquainted with the up-to-date, practical, advanced information of the day and they get almost a post-graduate course by their careful study and application. We bespeak for these year books a constantly increasing patronage and one deserved by their publishers.

Publisher's Notes.

LEUCORRHEA exists, or has at one time, in fully 50 per cent of our women. Wealth and splendor possess no bar to its entrance; it attacks rich and poor alike. The woman of leisure is even more

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apt to be afflicted with it than her humble domestic, but all, in their characteristic manner, in a measure endeavor to keep the fact from their attending physician. As said, however, this condition seems to be undergoing a change, and these cases are daily becoming more frequent to the family physician. Dr. J. D. Albright says: One of the most troublesome cases I was ever called upon to treat was one of ever and recurring liability to faint, in a lady who formerly had an attack of endometritis, which had been entirely cured, but which left a stubborn leucorrhea in its wake. The curing of this latter trouble has made my patient strong, and entirely removed the fainting tendency. In a severe case of the combination of these two affections, after I had exhausted almost the entire materia medica, without more than temporary relief, I found an excellent remedy in Tyree's Antiseptic Powder, which gave immediate relief, and resulted in permanent cure. A trial package will be mailed free of charge to physicians if they will send their name and address to Mr. J. S. Tyree, Chemist, Washington, D. C.

A Sterile Eye Bath.

An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company. That this little device will be well received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old style glass contrivance. It is cleanly, unbreakable and can be sterilized instantly by dropping into boiling water. The surgical bag in the future will hardly be complete without one of these cups, which will give happy results in many an emergency. It will be found invaluable for treating ophthalmia, conjunctivitis, eye strain, ulceration and all inflammatory conditions affecting the eye.

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Directions.—Drop into the eye bath ten to thirty drops of Glyco-Thymoline, fill with warm water; holding the head forward, place the filled eye bath over the eye, then open and close the eye frequently in the Glyco-Thymoline solution.

No pain or discomfort follows the use of Glyco-Thymoline. It is soothing, non-irritating, and reduces inflammation rapidly.

Chorea.

This disease is an interesting study. The symptoms are too well known to here enumerate. The diagnosis is unmistakable. The only thing with which it might be confounded is disseminated sclerosis. In the latter the movements are fine and rhythmical and the disease occurs in adults. In chorea the tremors are fine and jerky, often grotesque, and the disease usually occurs in those from

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6 to 15 years of age. Chorea seldom occurs after 20 years of age, except there be a marked hereditary taint of neurotic disorders. It is much more frequent in girls than in boys.

As to duration and prognosis the disease usually runs from six to twelve weeks, and in children eventuates in recovery in uncomplicated cases. One-third of the number of pregnant women who develop chorea die.

The causes are many and varied. As rheumatism is so often found co-existing with chorea many observers regard the former disease as a strong causative factor. Others contend that the majority of cases are dependent upon ocular defects, hypermetrophia and astygmatism being considered the most common causes of reflex trouble. It is a clinical fact that there is usually a hereditary predisposition. The parents are, in most cases, of neurotic type. Overwork, excessive mental strain and anything that lowers the child's vitality are also predisposing factors. Anemia and delayed menses are among the causes frequently ascribed. The irritation from worms has been known to produce this disease. The immediate or exciting causes are given prominent mention in medical literature. However, I do not believe they are of much importance. The disease has to have a beginning some time, and parents are likely to attribute the onset to fright, etc. Unless there is a condition ready to develop into the choreic state fright or shock would have very little influence in bringing it about, as nearly all children are at times subjected to things calculated to jar their nerves.

Many able men have tried vainly to discover a pathology for chorea. Some have thought it due to lesions in the brain, others have located it in certain nerve centers, while still others have thought it due to inflammatory products in the endometrium. The consensus of opinion is that chorea is a neurosis, producing marked functional disturbances for which an anatomical basis has not been discovered. At the present time it seems impossible to more than assume the existence of a nutritive disorder of the brain. We can only think of it being a functional disorder dependent upon a faulty metabolism.

In the treatment of chorea a number of remedies have been used with varying success. Among these we may mention iron, arsenic, sulphate of zinc, strychnine, gelsemium and caulophyllum. The writer has had the best results from arsenauro. It should be given in increased dosage until the point of tolerance is reached. The dose should then be gradually diminished. The patient should be given the medicinal effect of the remedy for a considerable time. If worms are suspected an anthelmintic should be given. The most nutritious foods should be given and constipation avoided. The child should be kept quiet and under kind, yet firm restraint. She should have an abundance of sleep. A cup of hot milk, sipped at bedtime, helps to promote sleep. If rheumatism and cardiac symptoms complicate the case these may call for special attention. My treatment of these cases, as briefly outlined, has always been satisfactory.—*W. T. Marrs, M. D., Peoria, Ill., in The Medical Summary.*

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THE AMBULATORY PNEUMATIC SPLINT.—The attention of the profession is called to the advertisement of the Ambulatory Pneumatic Splint which appears on advertising page 32 of this issue of the NEWS. No doubt every physician or surgeon has from time to time in his practice cases where this ingenious mechanical device constructed strictly upon scientific principles and endorsed by leading surgeons of this country, could be made use of to great advantage to their patients. It will be worth their while to look into this and to write for descriptive literature, special prices and to thoroughly understand one of the most recent advances made along surgical lines.

THE glycerophosphates are indicated in all cases of nervous impairment due to overwork or excesses in asthenic nervous maladies, mental depression, and whenever it is desired to increase the nutrition of the nerve-cells and stimulate their activity. In neurasthenic conditions characterized by vertigo, occipital headache, unsteadiness of gait, or inability for physical or mental effort, great improvement attends their use. In the premature advance of age, and in senility attended by general debility, the benefits from their protracted use are striking. They greatly relieve hysteria, and are useful in chronic neuralgia, sciatica and convalescence from la grippe, and acute infectious diseases. The most stable and economical of the preparations of the glycerophosphates is the glycerolé or so-called syrup of the *acid* glycerophosphates of lime, soda, potash, manganese and iron with strychnine (Huxley), which is very concentrated, since one drachm (a physiologic dose) contains four grains of the combined salts. They are beginning to be prescribed in conjunction with the formates of the same salts by some French physicians, since these are great muscle tonics, stimulating the voluntary and non-striated muscular system.

Cutaneous Absorption of Betul-ol.

BY EDMUND GROS, M. D., PARIS.

Betul-ol is more quickly absorbed and is not more expensive than wintergreen oil, besides relieving pain in rheumatism almost as soon as applied; it is even unnecessary to apply it to the painful part, where there is great tenderness, since in passing into the circulating media of the body, it is transformed into sodium salicylate and thus comes in contact with any inflammatory tissues through the circulation. It gives relief also in much smaller doses than is required when we administer the salicylates through the gastro-intestinal tract, since each part taken up through the skin is converted into an equal amount of sodium salicylate without being affected by or disturbing the digestive processes of the economy.

It is useful in local affections such as tonsilitis, myalgia, etc., and has been recently applied in pruritis, prurigo and lichen simple,

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and is applicable wherever we look for local anti-rheumatic results.—*International Therapeutics,* March, 1906.

METHYL SALICYLATE AS A LOCAL APPLICATION.—Dr. Edmund Rottenbiller (Austria-Hungary) reports in *Klin. Therap. Wochensch.* on the use of this agent in 122 cases of acute rheumatism. He made use of the natural oil of the wintergreen, and none of the disagreeable symptoms which usually follow the administration of the salicylates were noted. It is said to be useful in the treatment of orchitis.

The synthetical oil of wintergreen is a favorite in this country in rheumatic affections, but more frequently betul-ol, derived from natural wintergreen or sweet birch, is preferred to the artificial salicylate, because it is non-irritating, analgesic and very rapidly absorbed by the skin.—*International Therapeutics,* October, 1906.

TREATMENT OF RHEUMATOID ARTHRITIS. — For local applications, hot baths, moist or dry heat, and especially the baking apparatus, especially with the larger joints, have been very efficacious. To rub the joints, a cream of Menthol, 5 per cent, and 10 per cent wintergreen with a non-greasy base (Huxley's formula), and hydropathic treatment may be used. The Faradic current may be applied to the atrophied muscles, and the galvanic to the joints. Electric baths in some cases seem to be useful. Cases with local causes of infection, such as leucorrhea, should receive proper attention, and the cause removed as speedily as possible. In these, tonic remedies such as arsenic and iron should be employed as well as local treatment by douching, and astringent injections, etc.—*International Therapeutics,* October, 1906.

AS A MUSCULAR TONIC.—

℞ Syrup acid. glycerophosphatis comp. (Huxley) .....℥viii
Tr. nucis vom 3ii
Sodii formatis 3ii
Ferri formatis 3i

M. Ft. Sol. Sig. One teaspoonful in a wineglass of water immediately before or with meals. — *H. Silvester, International Therapeutics,* October, 1906.

DR. BERNADO NOBO of Liberia, Costa Rico, finds the combination of glycerophosphate of quinine with the benzoates of creosote and eucalyptol, known as "Kügloids," especially suitable to the treatment of chronic bronchitis and in the early stages of tuberculosis, so prevalent in this tropical country. — *International Therapeutics,* October, 1906.

AS THE colder weather approaches certain diseases and remedies will be more on the mind of the profession. Among the remedies will be cod liver oil. Hagee's cordial of the extract of cod liver oil compound, is not only one of the most popular cod liver oil

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preparations on the market, but one of the very best, if not, indeed, the best itself. All the nutritive properties of the oil are retained and the disgusting and nauseating elements are eliminated. Combined with hypophosphites of lime and soda it offers to the profession a reconstructive of great value. The writer has for some years prescribed it freely, and with great satisfaction.—*Massachusetts Medical Journal.*

Acne and Neuratic Ulcers.—Dolomol-Resorcin, 10 per cent. Used in seborrheal eczema of face and body, seborrheal oleosa and acne *with the happiest results.* As an adjunct to more stimulating remedies for acne, for greasy, shiny skins (seborrheal oleosa), used as a face powder, *it is unexcelled.*

Dolomol-Acetanilid, 25 per cent, used in neuratic and varicose ulcers and chancroids. In the neuratic ulcers and chancroids, especially, *the cure was much quicker than from any remedy previously used by me for these conditions.*

Dolomol-Ichthyol, 10 per cent. In varicose ulcers, varicose eczema, dermatitis (from iodoform and rhustox), acne simplex, burns, erythema and intertrigo, the results were good.—*Lusk, in Journal Cut. and G. U. Dis.*

An Efficient Means of Relieving Pain.—The pain which accompanies the intestinal diseases resulting from grippe colds is often severe and requires the use of an effective anodyne. Papine is peculiarly adapted to such needs, as it represents all of the pain-relieving properties of opium without its narcotic and nauseating effects. It is apparent that such a remedy has a wide range of usefulness, and that Papine is well appreciated by the medical profession is shown by the place it has occupied in the medical armamentarium for so many years.—*The International Journal of Surgery.*

A Reconstructive Tonic.—For more than twelve years "Bronchiline," advertisement of which appears in this issue, has been recognized as a valuable expectorant. While its action is prompt and reliable in the treatment of conditions indicating its use, there has been a demand and a constant inquiry for a reliable reconstructive tonic to be used in connection with it; a remedy not only to stop the waste of tissue, but to give tone to the functions of nutrition, assimilation and excretion, and cause an accumulation of flesh and increase in weight.

After consultation with leading physicians in different sections, careful laboratory experiments with the various formulæ submitted, and observation of the results attending their use in actual practice, we believe that in the preparation we have named "Nutrivine," we present the most elegant and meritorious remedy that has been offered to the profession for wasting diseases, such as phthisis, nervous debility, anemia, chronic diarrhea, bronchitis, nervous or flat-

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ulent dyspepsia, chlorosis, and prostration following fever, diphtheria, etc., or any exhausted condition of the system.

Each teaspoonful represents 33 1-3 per cent pure Norwegian cod liver oil with 3 grains hypophosphite lime, 1 1-2 grains hypophosphite soda, 1-24 grain muriate heroin, combined into an excellent and palatable preparation with malt, wild cherry and sherry wine, so that it will not disagree with the most delicate stomach. It is also furnished without heroin.

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SANMETTO IN ENLARGED PROSTATE AND CHRONIC CYSTITIS, IRRITABLE BLADDER AND URETHRA.—I have used Sanmetto in enlarged prostate and chronic cystitis in old men, with marked good results, and observed that there was decided aphrodisiac effects; also in irritable bladder and urethra in the early months of pregnancy, with very happy results.—*M. A. Rush, M. D., Anderson, Ind.*

OUR CONFIDETIAL FRIENDS.—We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. It is here also that the compound coal-tar products step in to claim their share in the domain of therapy. Among the latter, perhaps, none has met with so grateful a reception as "Antikamnia and Codeine Tablets," and justly so. Given a frontal, temporal, vertical or occipital neuralgia, they will almost invariably arrest the head-pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are a positive value in certain forms of dysmenorrhea; they have served well in the pleuritic pains of advancing pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, lancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here

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their action is almost specific, surpassing even the effect of aconite over this nerve.

NEW ORLEANS POLYCLINIC.—POST-GRADUATE DEPARTMENT OF TULANE MEDICAL COLLEGE.—The twentieth annual session opens November 5, 1906, and closes May 18, 1907. This school is intended for practitioners only. All instruction aims to be *clinical* and *practical*, and to this end, use will be made of the vast facilities offered at the great Charity Hospital, at the Eye, Ear, Nose and Throat Hospital, and at the special clinics to be held at the Polyclinic.

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The individual or corporation in any way infringing upon the trade mark "Glycozone," which is a lawful trade mark (Glycozone being a thoroughly scientific and legitimate preparation for the treatment of germicidal diseases, etc.), and duly registered under the new trade mark law, or selling of any merchandise labeled with any mark or name infringing upon the trade mark "Glycozone," or in any manner resembling the same, will be prosecuted for damages to the full extent of the law.

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Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Management do not hold themselves responsible for the views of their correspondents.

Greeting.*

BY A. N. BELL, M. D., BROOKLYN, N. Y.

FELLOW MEMBERS AND FRIENDS OF THE INTERNATIONAL CONGRESS ON TUBERCULOSIS: I greet you with unalloyed pleasure as co-workers in an organization based upon an intelligent appreciation of the conditions common to infectious diseases and particularly to tuberculosis. And the more because, while recognizing the causative relation of the tubercle bacillus, discovered by Koch in 1881, and the impetus and direction which that discovery has given to the study, cure and prevention of tuberculosis, we should be mindful of the effects of the war on dirt that began in England on the advent of cholera there in 1831, by which coincidently with

*Address of welcome by Dr. A. N. Bell, Brooklyn, New York, Honorary President to the American International Congress on Tuberculosis, at their meeting held in New York City November, 1906. (Dr. A. N. Bell is the veteran sanitarian of the United States and was 83 years old at the time he delivered this address.)

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the reduction of mortality from other diseases from that time to 1881 the mortality from tuberculosis was reduced one-third from what it was when the war began. The death rate of London and other large cities of England in 1831 was about 25 per 1000, of which one-eighth was attributed to tuberculosis. During the fifty years' interval to 1881, the death rate was reduced to 19 per 1000, and deaths from tuberculosis correspondingly. Since 1881 the death rate has been reduced to about 15 per 1000, the ratio of deaths from tuberculosis to the total mortality continues nearly the same, about one-third.

In the *Journal of Hygiene* for October, 1903, Arthur Newsholme, medical health officer of Brighton, shows that since 1881 the death-rate from phthisis has declined for males 18.2 per cent, for females 36 per cent. Other tubercular diseases during the same period have declined for males 20 per cent, for females 17 per cent. The reasons given for this general diminution in the death-rate from tuberculosis are improved house construction, improved habits of the people, diminished overcrowding, improvement in quality and quantity of food, and improved industrial conditions. Noting these facts, he says, "it can easily be understood why the death-rate among women has diminished more than among men, viz.: the great improvement in the home and its environment."

The organization of the National Association for the Prevention of Consumption in London in 1900, composed of physicians, lawyers, scientists, men of affairs and power, was evidently based upon a just appreciation of the conditions of tuberculosis and the need of a more comprehensive and more vigorous contention against them. The first American Congress on Tuberculosis in 1901, and those since, including the International at St. Louis in 1904, and this, have followed the same lines as the British Association, more and more elaborated, to meet and act upon every possible means of resisting and destroying man's most deadly foe, tubercle bacillus.

Bacteria, the class of micro-organisms to which the tubercle bacillus belongs, are of universal distribution in myriads everywhere, fulfilling more or less completely their evident and, for the most part, beneficent purposes in the economy of nature; promoting the transformation of dead and decomposing organic matter on which they live into its original elements by their ingesta. Different groups and races have different habitations and possess specific properties, widely different in their effects with relation to their environment and hosts.

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The tubercle bacillus of our contention is apparently a fair specimen of capacity. By the most recent investigations of its natural history, it is revealed as a mould-like parasite closely related to the ray-fungus,—of a nature suggestive of the most favorable conditions for its existence and propagation. It thrives better in darkness and dampness than in light and dryness, is especially vulnerable to, and least resistible by, persons of unsound health. When it gains lodgment in a body suited to its growth it multiplies enormously, poisons the tissue and produces tubercles. These quickly break down and disintegrate into sputum, and this, when cast off, is loaded with bacilli. The bacilli of sputum are of feeble vitality; indeed, many are dead, and if freely exposed to the air and sunlight, are soon entirely destroyed. It should be the constant purpose of invalids with tuberculosis, and all care-takers, to secure the destruction of tuberculous sputum while it is moist, to avoid its being spattered on the clothing and bedding, never to risk its becoming dried into dust, because it is by that means the bacilli are disseminated into the air, wafted into recesses favorable to their vitality and liable to propagation.

Many biologists believe that it is by the sputum only that pulmonary tuberculosis is propagated, and that the bacilli have no lurking or growing places in nature outside of the bodies of man and a few warm-blooded animals. However this may be, wherever man has found an abiding place and become neglectful of healthful conditions, he has been found subject to pulmonary tuberculosis. Indeed, so universal is the distribution of tubercle bacilli, that they can not be escaped or their inhalation prevented. Their presence everywhere is shown by their vulnerability to persons in feeble health. But there should be no lack of care to prevent their dissemination by every available means possible, as now generally practiced by intelligent care-takers and health authorities against expectorating upon floors or streets or elsewhere, except in receptacles with a view to the destruction of the sputum while it is moist; and like care against the spattering of the sputum of the sick, by which the clothing, carpets and other furniture and the room throughout are liable to infection. Yet, aside from the reduction of mortality of tuberculosis by the greatly improved treatment of the disease in sanatoriums, where the regulations against the dangers of sputum are rigidly enforced, there is no evidence of the reduction of the mortality from tuberculosis other than what may be justly attributed to the work accomplished against the conditions of their existence in conflict with vigorous health—personal

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and public—in short, except by the culture and maintenance of the power of resistance to tubercle bacilli.

The conditions of tuberculosis in the United States have been, and are still, remarkably similar to those of England, of which the city of New York is a signal illustration. The reduction of mortality from tuberculosis began here by the reduction of mortality from all causes under the auspices of the Metropolitan Board of Health, in the face of cholera, established in 1866, when the death rate was 33.30 and the ratio of deaths from tuberculosis then, as it is now, about one-seventh of the total mortality. The death rate has been reduced to about one-half of what it was in 1866, and from tuberculosis in about the same ratio, half as many, but still about one-seventh of the whole. And so it has been in other centers of population under improved sanitary methods. The aggregate death rates per ten thousand inhabitants from pulmonary tuberculosis in six large American cities for ten years, 1896 to 1905, inclusive, have been as follows: New York, 24.82; Boston, 22.91; Philadelphia, 21.22; Brooklyn, 20.18; St. Louis, 17.72, and Chicago, 14.56, the lowest being that of Chicago, with lowest mortality from all causes and correspondingly from tuberculosis, of any city in the world of more than five hundred thousand inhabitants.

The Duty of the Government to Its People.*

F. E. DANIEL, M. D., AUSTIN, TEXAS.

FRIENDS AND COLLEAGUES: We meet today to consider and discuss a problem that more extensively and profoundly affects the human race than any of the questions of sociology; and upon the solution of which depend millions of lives, and the health and happiness and welfare of not only the present generation, but of thousands of unborn generations. It is our work today, to take up and further the campaign against that greatest scourge of humanity, consumption, inaugurated by the American Congress on Tuberculosis in this city six years ago, prosecuted and furthered with encouraging results at the St. Louis session of the Congress in October, 1904, and more recently by the American Anti-Tuberculosis League at Washington, and to en-

*President's address, fourth biennial session American International Congress on Tuberculosis, New York City, Nov. 14, 1906.

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deavor, by calm and dispassionate discussion, to arrive at a consensus of opinion as to the proper and best course to pursue to induce our government, National and State, to apply the principles of sanitary science to the arrest of the ravages of this great scourge; to prevent the dissemination of the infection, and, as far as may be possible, to eradicate the seeds of the disease.

The importance of the subject has at last aroused world-wide attention, and it is most encouraging and gratifying to note the active interest of the Federal government and the official support given this movement; and the presence here today of scientists, lay and medical, from so many and divers sections, some of whom are known to the world by their labors in the cause of humanity.

While it is expected that the discussions will take a wide range, and cover, perhaps, every phase of the problem, the keynote will be "Preventive Legislation," the application of sanitary science by authority of law, to the control of this disease; and while the problem is one of gigantic difficulties, we are encouraged by the triumphs of sanitation in recent years in the suppression and almost eradication of other deadly diseases, to hope that our labors will not be in vain. It is unnecessary to more than allude to the conquest of yellow fever, smallpox, cholera, bubonic plague, diphtheria and other diseases that once were so destructive and so dreaded,—the history of these triumphs is too well known to all present to be more than mentioned. We are, therefore, not so much concerned with the origin of the disease, and do not care whether or not it originated in Egypt and was communicated to the world by germs slumbering for centuries in the dust of mummies, as contended by Professor Sorgnac; nor with the pathology and clinical features of the disease; nor with the manner of introduction of the bacilli into the human lungs—(let it be understood we are speaking of "open consumption"—pulmonary tuberculosis)—whether they may not reach the lungs via the intestinal tract, as well as by direct inhalation of germ-laden dust; nor are we directly concerned with the treatment of the disease. Upon all these phases of the subject there is still more or less controversy and uncertainty. But we are confronted with the fact, universally recognized, that the disease is transmitted from the sick to the well by infection, and the infection is disseminated by means of germ-laden dust, principally, in homes, hotels, churches, factories, public conveyances, and in almost every place where people congregate. And while all the known or suspected methods of dissemination and entry of the infection into the human system must be considered, that they may be

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guarded against, yet the main question is: How may the disease be limited and controlled, and, in time, eradicated? We are confronted with the fact that the disease is endemic in every city and State in America, and in every country and clime; and that it is no respector of persons, race, age or class; that none are immune. It is a ruthless destroyer, and may invade every home. There is no evading it. It can be contracted almost anywhere. It is the most insidious of diseases, and creeps upon one without warning, —like a thief in the night, and snatches away the brightest and best; and high and low, the laughing babe, the radiant and loving mother, the strong man and the tottering octogenarian. It desolates homes all over this beautiful land, bringing sorrow and grief to thousands of hearts and blighting hope and paralyzing ambition; for the people believe it to be hereditary and hopelessly incurable. Like the worm in the bud, it is sapping the vitals of our race, and retarding that progress of civilization that should develop and progress *pari passu,* morally, physically and intellectually. It threatens the very integrity of our race.

In the whole range and scope of social science, as broad and comprehensive as it is, embracing, as it does, every interest of the social body of the nation,—its commercial, financial, industrial, scientific, religious, economical and political,—there is no more important subdivision than that of the public health. It is the one vital subject; the foundation upon which rests the prosperity of a State or nation. It is of vastly more importance than are those conditions which affect the morals of the people, crime and prostitution, for instance, as far-reaching as are their pernicious influences; and doubtless both are influenced and morals improved by a conservatism of the public health. Such a devastating disease is a factor in poverty, crime and prostitution. Legislation in the interest of the public health is legislation in the interest of public morals. The problem is of deeper importance than industrial disturbances, such as strikes, etc., or of any of the problems with which the student of sociology is confronted. And yet, strange to say, it is less studied by government, less understood, less safeguarded than any other interest, public or private, personal or property.

In a broad consideration of the subject we should take into account all those things which affect the health and threaten the life of the citizens. We must limit ourselves, however, to a brief consideration of consumption in its relation to the public, and of the best means of prophylaxis. It is a phase of the question that strikes

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at the underlying principle of the social fabric. It is the blight of the nation, the one chief factor in death and disease, and, perhaps, in crime, pauperism and prostitution,—the overshadowing evil that hangs perpetually like a pall upon every people. It destroys more lives than "plague, pestilence and famine, battle, murder and sudden death." It is responsible for 14 per cent of all the deaths from all causes, including war and famine and earthquakes and volcanoes. That is: about one-seventh of all those who die, die of consumption, every year, everywhere, all the time. And yet, it is a preventable disease. What a commentary upon our civilization and boasted enlightenment! We surely do hasten slowly. We make slow progress in preventive medicine, a progress out of all proportion to the advances made in every other line of human thought and activity. We have recently been put to shame by the little Japanese nation who, in their unequal struggle with Russia, were the first people on earth to practically apply the principles of sanitary science to the elimination of disease.

Few persons outside of the medical profession have an intelligent knowledge or even a conception of the extent of the devastation wrought by tuberculosis. How far-reaching and disastrous are its ravages, may be seen at a glance at a few figures of the statistician.

According to the U. S. Census Reports, there died from consumption in the United States in 1900, 111,000 persons, *so far as reported*. The registration districts in the States where records are kept and reports made, embrace only about one-third of the population; that is, the rural population is not represented in these reports. A calculation based on this fact, and on the given ratio, would give us a total for 1900 of 145,000 deaths; and for the census year 1890, 154,000, or an average, yearly, of about 150,000. Thus, in the decade between the census years there were in the United States one and one-half million deaths from consumption. In the War of Secession there was a total of three-fourths of a million of soldiers, all told, both armies, from all causes. It will be seen that at the present time as many persons are dying yearly from consumption as were lost yearly by both armies, from all causes, during that terrible conflict. Reed and Carroll and Agramonte are responsible for the statement (based on the statistics of yellow fever in this country from 1793 to 1900), that the total number of deaths from yellow fever was about 100,000. That is an average of 1000 a year for a century; while 150,000 die yearly of consumption; or, 50 per cent more die of consumption *every year* than perish by yellow fever in a hundred years. Or, put it thus:

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For every death from yellow fever there are one hundred and fifty deaths from consumption. Yet, when a case of yellow fever is discovered in one of the Southern cities, the panic created, and the frantic efforts of the authorities to suppress it, would be ludicrous, if it were not so serious. Compared with consumption, yellow fever is minor danger; yet the people become demoralized, institute shotgun quarantine, tear up railroad tracks, destroy bridges, and the authorities lock the wheels of commerce for months and months, thereby entailing losses estimated at millions of dollars. The U. S. government and the State governments are at once aroused to action, and no resource of science is neglected, and no amount of money is spared to arrest the progress of the disease. Were bubonic plague or cholera or yellow fever raging in America, and four hundred people were dying, daily, every day, all the time, year in and year out; or if a war were in progress on our soil with such a death loss, what would be the state of public sentiment? There would be a panic and a stampede. Every resource of science and skill, every influence and power and agency on the part of the government,—State, national and local,—would be invoked and put into operation to stop the fearful havoc. And yet, that is just what consumption is doing. It is killing four hundred and eleven people every day, every year, all the time; or about one person every three minutes, night and day; and no one seems to know it, or heed it, or care, except the sanitarian and the statistician, and they are powerless to prevent it.

Aside from any consideration of humanity, let us look at the question from a selfish viewpoint,—the standpoint of social economics. It is estimated that for every death from consumption there are five sick, the very large majority of whom are doomed to death. If one hundred and fifty thousand die annually, it means seven hundred and fifty thousand sick, and more or less disqualified for any kind of labor; three-quarters of a million sick and doomed to death, from one preventable disease; or, in a decade, seven and a half millions,—10 per cent of the entire population of America! It is impossible to arrive at a correct or nearly approximate estimate of the money value of these lives. Perhaps the best method of estimating the loss by sickness and death, is that employed by most statisticians: taking the incomes or earnings of the producers and wage-earners as a basis and figure it at the rate of 5 or 6 per cent interest; e. g.: one who earns $500 a year earns 5 per cent on $10,000. He is, therefore, worth $10,000 a year to the State or nation. Following out this calculation, we find that the money

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loss to the community from sickness and death from one cause only, a preventable disease,—would reach figures almost incalculable, a sum more than sufficient to pay the public debt or to build an Isthmian canal every year. Professor Norton, of Yale, using the figures of Newholmes and Higgins, estimates the loss by sickness and death from all diseases, annually, at from $1,800,000,000 to $4,000,000,000. And Professor Lankester, before the Royal Society of England, said that it would be true economy were the British government to expend fifty million pounds annually for the protection of the public health.

Let us appeal to this phase of the subject, if the appeal to the claims of humanity does not arouse the authorities to action.

Savages and beasts must adapt themselves to their natural environment or perish; and many of the lower order of men possess this adaptability in a marked degree. But they do not readily adapt themselves to the artificial environment of civilization, and to many races our civilization is fatal. The Esquimaux sleep in an atmosphere that would stifle a civilized man; Major Gorgas, in charge of sanitary work on the Isthmus, says that the negro laborers from San Domingo sicken and die if made to live in sanitary surroundings, so long have they been adapted to the reverse; and it is said that when the missionaries put overcoats and blankets on the nude savages on an island in the South Pacific, who had been accustomed to sleep naked 'mid snow and ice, they died of pneumonia.

In this connection Dr. Senn's account of the decimation and almost extinction of the natives of the Society Islands in the Southern Pacific ocean, by the introduction, many years ago, of English civilization, illustrates the idea in a striking manner. It may be almost formulated into a rule that whisky and consumption follow the flag and the Bible, as handmaids of civilization, and to some races they are as destructive as a pestilence.

Intellectual man must conquer his environment. He makes the material resources of his surroundings and the forces of nature subservient to his uses and the advancement of civilization. He seeks, finds and removes the causes of sickness and death, and makes the uninhabitable places populous and prosperous. In former years the laborers on the Isthmus of Panama perished by thousands, to such an extent that the work was marked by the skeletons of untold scores of human beings who could not "adapt" themselves to the death-dealing influences. American skill and learning have, by the application of sanitary science, robbed the swamps

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of the Panama Isthmus of its terrors, and soon that great engineering feat will be accomplished that shall sever the American continents, but unite the two oceans, and shorten the distance from the Occident to the Orient.

In this ability to conquer environment, lies civilized man's chief claim to superiority in the animal kingdom. The inexorable law of survival of the fittest in the fierce struggle for existence, applies to races and nations as well as to individuals, and is the chief factor in their evolution into strength, stability and permanence. That nation is not the "fittest" that simply has the largest population; though population is the first requisite to national strength and expansion. A people may be so numerous, but defective in the elements of vitality that, like an overburdened fruit tree, where none of the fruit may ripen, it goes to pieces of its own weight; or they stagnate and degenerate until cholera, famine, plague or war relieves the congestion, or a stronger,—a fitter race reduces them to subjection.

"Ill fares the land to hastening ills a prey,
Where wealth accumulates and men decay."

A healthy, strong, vigorous and enlightened population makes a nation great. Hence the prime consideration is physical health. The State or nation which overlooks this, or ignores a fact so well understood that it has long since become a maxim: "The welfare of the people is the supreme law," commits a fatal error.

The death of every person, not to say adult, is a distinct money loss and a loss of potential to the State. It reduces the average longevity of the race, and affects the life expectancy.

It is a sad thing to see any one die of a preventable disease, and it is a crime chargeable against the State that any should so die. But when we see strong men, progressive and useful business men, men of bright intellects and strong arms,—upbuilders of civilization,—stricken down by a miserable typhoid or tubercle germ, from which they might and should have been protected, it is doubly sad; it is a shame, and a reproach to our government. Is it not the duty of the State, the Governors, the Congress to see that all such deaths are prevented? In the name of God and humanity, yes!

If a life is lost through neglect of some railroad company, or of the city government of some municipality, some one is responsible by law, for contributary negligence, at least, and the heirs of such person have recourse at law in suit for damages.

The Supreme Court of Texas has ruled that a railroad company

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is responsible, in damages, for negligence in permitting the spread of a contagious disease from their hospitals. A patient with smallpox, in his delirium, escaped from the guard and communicated the disease to a citizen. Justice Brown, in affirming the verdict of the lower court, awarding damages to the plaintiff, says: "The railroad company is liable to appellee, Wood, for damages caused to him by reason of smallpox being communicated to him and his family by Dickson (an employe) through the negligence of an agent of the railroad company." * * * "The evidence is sufficient to show liability of the appellant, and * * * the judgment is affirmed." (M., K. & T. R. R. vs. Wood et al. [on appeal], S. W. Reporter, Vol. 68, p. 802.)

The railroad company enters into a contract with its employes. Each employe is taxed for the support of a hospital, and the amount of the tax is deducted from his wages. In consideration of this the company undertakes to care for all sick or wounded employes.

Every government, State and National, enters into a contract with its citizens, either written or implied. Every adult man is required to perform military duty when called on to take arms; to serve on jury; to give testimony in courts; to work on the public roads, and to pay taxes for the support of the government. In return for this he is guaranteed by law protection to his life, liberty and pursuit of happiness, and in the possession of the fruits of his labor. Every safeguard is thrown around these by special enactments by law, and no man, without warrant of law, may invade his premises or touch his person or possessions. But no protection whatever is given him in respect to his health,—the dearest interest of all,—except as against certain quarantinable diseases, and that is inadequate and unreliable. Preventable disease may enter his home, slay him and his family, and the government raises not a hand or voice to stay the execution.

The government is not subject to such suit, but it surely is morally responsible, at least, and it stands indicted before the world today for contributory negligence or unpardonable incompetency for every death from any preventable disease; and surely for the scores of lives lost in camp from preventable disease during the war with Spain. Major Seaman, Surgeon U. S. A., says that for every death in battle or from gunshot wound there were fourteen deaths in camp *at home,* among those who never reached a battlefield! Is it any wonder young men are loath to enlist in the army where the risk of death from preventable disease is fourteen times greater than in battle,—an army where such neglect or disregard of their

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safety is possible? Or is it surprising that on an alarm of yellow fever, remembering the government's total inability to limit its spread; remembering that at the point of invasion, either through venality, ignorance or neglect of local authorities,—generally the disease gains such headway as to be beyond control—the people having no confidence in the ability of the authorities to protect them, shut and bar the doors and guard them with loaded guns? or tear up the railroads—in their panic, isolate themselves, and whole communities,—thus subjecting some sections to threatened famine,—as has occurred more than once in the South.

That the representatives of the people's interests should so long have shut their eyes to the dangers of consumption, which are as real and as deadly, though intangible, as would be the invasion of an armed host; that they should shut their ears to the warnings of those whose profession and training peculiarly fit them for knowing and appreciating the dangers to the public health by reason of unsanitary conditions and specific infections, is as remarkable as it is disgraceful. A law to protect the public from poisonous food was antagonized and fought in the Congress of the United States seventeen years! And this apathy, this apparent indifference to the ravages of consumption—the fearful and unnecessary waste of life, is the more remarkable and is accentuated when we recall that seven million dollars are appropriated annually for the health of plants and cattle; two million for the saving of life on the sea-coasts, and a million and a half for quarantine against yellow fever, and not a cent, so far as I am aware, is appropriated for prophylaxis of consumption.

In Texas we have a system of vital statistics for *pigs,* but none for the people, as Secretary Smith forcibly puts it. In Texas we have never been able to impress our legislators with the necessity of taking an account of population. I drew up a bill for registering the vital and mortality statistics of the State, and in discussing it with one of the most influential Senators, he said: "I see no necessity for registering births and deaths, nor do I see how the death of babies can affect longevity." Seeing that he was about on a par, intellectually, with a child, I stated the case to him as I would have done to a child. I said: "Suppose one hundred babies are born one day, and all live to be 50 years of age; what is the average age?" He said: "Fifty years." I said: "Suppose fifty die the first year and fifty live fifty years; what is the average length of life of those hundred persons?" He said: "Fifty years."

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Against such stupidity even the gods are powerless to contend.

The bill got through the Senate, but on the last round a Senator of unusual density, whose boast was that he was the watchdog of the treasury, and his watchword was "economy," got in an amendment cutting out the small appropriation necessary to make it effective, and thus the bill was killed; it is inoperative.

The registration of statistics of births and deaths is the first essential to reform in sanitation. No laws for the protection of the public health can be intelligently enacted without a knowledge of the causes and number of deaths; and it is a disgrace to the age in which we live and of our enlightened government that no such record is kept in the majority of States.

Dr. J. S. Billings says (Bulletin 15, "A Discussion of the Vital Statistics of the Twelfth Census"): "The only States which had (at the time of compilation of the twelfth census) a registration of deaths sufficiently complete to make the death rates worth calculating were: Connecticut, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, and Rhode Island, which, with the District of Columbia, form the group * * * of registration States." * * * "No Southern State, and no Northern State, except Michigan, had any satisfactory system of registering deaths at the time the data were collected."

[There are, however, more or less correct systems of registration in operation in many of the larger cities in the non-registration States, but the rural population is not represented.]

It should be compulsory. Every State should pass laws compelling a registration of its vital and mortuary statistics; and provision should be made for tabulating and publishing them. Without it the U. S. Census Bureau can never compile definite and reliable statistics; a large part of its work at present is therefore a little better than a more or less intelligent guess.

Every advance in science, the discovery of every truth, has to fight for recognition against blind bigotry, ignorance and prejudice.

It is truly remarkable how near we have often been to discoveries of priceless value, how many glimpses we have had of precious truths,—yet their recognition has been thwarted by unreasonable opposition,—or it has been established only after long and bitter controversy. It is now recognized that air, light and pure water are the life essentials,—the people are beginning to understand that "night air" and cold air and cold water, are not poisonous, and that the principal, if not the only chance, for the recovery of a

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consumptive is that he should "return to nature,"—live out of doors and sleep out of doors; and since the King of England endowed a great sanatorium for the hygienic treatment of consumption, and paid Dr. Latham $2500 for the best paper on the subject, the establishment of out-door sanitaria has become popular and successful. New York State has reason to be proud of her typical institutions, one at Saranac and another,—under military discipline,—in Sullivan county. Dr. Latham's motto was: "Give him air; he'll straightway be well." And yet, sixty-six years ago, when George Bodington (in England) insisted on the importance of a generous diet and a constant supply of pure air, and propounded the terrible "heresy" that cold is never too intense for a consumptive patient; and when, in 1855, fifteen years later, Dr. Henry MacCormack, the father of the late Sir Wm. MacCormack, published a book on somewhat similar lines, and in 1861 read a paper before the Royal Medical and Surgical Society in which he advocated what are now established principles, Bodington's book met with much bitter and fierce opposition, and eventually the disapproval of his methods became so universal that patients were driven from his sanitarium, and Bodington, I believe, was finally sent to a lunatic asylum as a crazy man. The members of the Royal Society refused to pass the usual vote of thanks to Dr. MacCormack, because they thought the paper was written by a monomaniac.

It is only by prevention that the disease can be controlled and finally exterminated, and by hygienic measures that it can be cured. The means necessary to the first are so simple and easily used,—if enforced by authority,—that they should be instituted at once. The infective principle is disseminated in the sputa and other secretions of the patient. This, if destroyed, would render the patient impotent for harm; for the disease is in no sense "contagious," but is highly infectious. The popular impression prevails very generally, unfortunately, and it is upon the authority of those who should know better, that the disease is "catching," like measles and scarlet fever. It grows out of a confusion of terms. It is remarkable that words are used as synonyms that have, often, widely different meanings. "Contagious" and "infectious," and "communicable" are generally accepted and used as meaning the same thing, and yet there is a difference in many ways between a "contagious" disease and a "communicable" disease. A disease may be communicable without being contagious, as are typhoid fever, cholera

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and consumption. But all these are communicable and infectious in the sense that the poison (bacilli) thrown off by the patient in the secretions and excretions may and do infect, and hence communicate the disease to well persons. I repeat, and wish to emphasize it: consumption is a communicable disease, but it is in no sense contagious; that is, it can not be "caught by contact." That is the meaning of the word. It is not possible for a sound, healthy person, coming in contact with a consumptive body, to acquire consumption. Nevertheless, upon the authority of the Surgeon General of the Marine Hospital Service of the United States, backed by that of the United States Treasury Department, of which the Marine Hospital Service is a sub-department or bureau, the fiat has gone out that upon a construction of the public health laws by the Attorney General, consumption is a "contagious disease, dangerous to the public health"; and in June, 1902, the Superintendent of Immigration of the United States issued an order, based upon this decision, that all consumptive immigrants, without distinction, rich and poor, big and little, shall be excluded from the shores of the United States. Previous to this order the Board of Immigration, after having received the opinion of the Health officer of the port, had some discretion; and it was possible to admit a child afflicted with consumption, accompanied by healthy parents, or a consumptive wife along with her healthy husband, for instance; but under this ruling every consumptive must be sent back. This involves the separation of parents from child, or husband from wife,—the disruption of whole families. And upon this ruling the authorities of California, a little later, turned back a distinguished judge from the South Pacific Islands, who was journeying to Europe, because he was suffering from pulmonary consumption, and refused to let him even cross the continent! Consumption is not a quarantinable disease; but the California people advise that consumptives be excluded from the State or held permanently in lazarettos. Such action would be unwise, irrational, inhuman. It would be worse than the shotgun quarantine of former years. It would create a panic in the public, and unjustly put a stigma upon thousands of good citizens and desirable immigrants, suffering from an acquired and curable disease. The consumptive is not a danger to be shunned and fled from, like the plague. He is not a leper, "unclean," to be avoided upon all occasions. He can be rendered harmless by the observance of simple and rational measures, and many will recover under proper hygienic conditions and environments.

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Scores and thousands of the best people of the West and Middle West were once consumptives.

And here let me say a word about the exploded yet popular fallacy that consumption is a hereditary disease. It is not. It can not be transmitted from parent to child, but the child may, and often does, acquire it in the way that we now know that it is communicated, by infection from the expectorated matter that contains the poison (tubercle bacilli) or perhaps by nursing a consumptive mother. A predisposition to consumption may be transmitted from an invalid parent, or weakened vitality that would predispose to almost any disease; but consumption is never "inherited."

Thus, it will be seen that the spread of the disease from the sick to the well is, theoretically, at least, a simple matter, but it requires authority of law, and abundant means and efficient action to enforce it. However, these are mere details, and much that I have said is elementary knowledge with the majority of those present and is a thrice-told tale, for which I should apologize, but for the fact that it is hoped and believed that it will reach, interest and arouse to action the general public. The people should be made to realize the danger and taught how to avoid it, and to know the deadly danger of disregarding the warnings. How can this be done? It is possible by such publications and other means, to awaken an intelligent public sentiment that will demand reform; demand that government shall protect the people from a deadly danger that they are otherwise powerless to avoid. But as to educating the masses,—that is impossible. The great majority of the struggling under-stratum of society — the class most prolific in suffering and in disseminating the disease,—are beyond the reach of lectures or literature or stereopticon illustrations or pathological exhibits. They can not be reached, or if reached, they can not be made to understand or to act. They are as children. The government must be to them *in loco parentis,* the government must think and act for them. All republican governments must be more or less paternal. Physicians and sanitarians meet and discuss these things. The discussions are published in the medical press, and exhaustive books are written, covering every phase of the subject. The recent book of Professor Huber, of this city, is such a treatise; it is an epitome of the subject, and is monumental of the present-day knowledge of tuberculosis. But the public,—even the more intelligent portion of it,—do not get the benefit of such work, and the

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lay press, as a rule, is very reluctant to publish such matter because, either the editors do not understand and appreciate the tremendous importance of disseminating the information, or political or other sensational matter pays better, and they "haven't room." Thus, we are like a convention of teachers holding sessions with closed doors. The pupils of the school do not get the benefit of the teaching.

The hope of ultimately exterminating the disease, however, is not so encouraging. Indeed, it is utopian. Consumption is a disease of civilization: a house disease, and is an incident of the artificial environment of life. People, in order to get artificial warmth, must shut out the cold air. They do not understand the principles or practice of ventilation and lighting. Our churches are veritable Black Holes of Calcutta, and are disease-breeding, the danger of which is little noticed or appreciated. I sat in an audience of five hundred at church one cool, crisp spring morning, where two red-hot stoves were doing their worst, and every door and window was closed, to "keep out the cold." Services lasted two hours. I estimated the capacity of the house, and by calculation ascertained that the same air had passed through the lungs of every person in the congregation every twelve minutes, or ten times during the service. Comment is unnecessary. Reform in this particular is imperative.

The problem of eradicating consumption involves a complete change in the manner of living, which is impossible. Much may be done, however, by attention to the construction of dwellings, factories, shops, railway coaches,—day and sleeping,—with reference to ventilation, heating and lighting. All upholstered furniture and equipment,—even carpets,—everything that catches and harbors germ-laden dust, should be abolished in hotels, boarding houses and sleeping cars. Dwellings and all living apartments and public conveyances should be constructed, not only for comfort and convenience, but with an eye to preserving the health,—the avoidance of the causes of disease,—which are now very generally known to medical men and must be taught to every citizen. The construction of tenement houses should be under the supervision of government officials of known honesty and capability, and the disgraceful and disastrous crowding, so prolific of disease, should be prohibited, under severe penalty. Every tenement house should be well ventilated, well lighted, properly heated in winter, and crowding of whole families into insufficient space should not be permitted. In this connection I suggest that the roofs of all such buildings should

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be made available as a playground for younger children by day, and for sleeping, as breathing places,—lungs,—for the occupants during the sweltering and suffocating nights of summer, when thousands are glad to be permitted to lie on the sidewalk and esteem it a privilege and a luxury to sleep on the ground or even sit out the night in the public parks.

Government out-of-doors sanatoria should be established in every State for the care of indigent consumptives,—to corral the floating consumptive population,—the great disseminators of the disease. Upon the approach of winter thousands of this class, as well as of the better class, flock to the South, returning, as a rule, upon the approach of summer. Hence, the railroads are powerful and prolific factors in the distribution of the disease; hence the necessity of strict sanitary policing and disinfection of all means of public conveyance. I believe I may claim, and I do so with satisfaction and pride, that the great State of Texas was the first to pass a law requiring this, and it applies also to all public institutions. The United States government should also establish sanatoria on a large scale for the purpose of caring for the indigent consumptive. England has set us an example that should be emulated, in the "King's Home for Consumptives," at Middlesex, Sussex, which was opened by the King in person in June last. For this great humanitarian work Sir Ernest Cassel presented the King with one million dollars. Here, also, is an example that should appeal to the numerous American millionaire philanthropists. What greater good to humnity,—what greater and more lasting monument could be built to the memory of the donor,—than the endowment of a great institution for the care of the unfortunates, who, through no fault of their own, are victims of that fell destroyer against which every citizen has a right to be protected? The name of James Smithson, who endowed the now great institution for the dissemination of knowledge, will live as long as civilization shall endure; and millions of successful and happy men will for ages rise up and call blessed the name of Stephen Girard, whose munificence made the education of indigent, friendless orphan boys possible.

This suggestion is earnestly commended to the consideration of those who would benefit their kind by a distribution of that wealth, in possession of which it is "a crime to die."

That much has been done in the direction of controlling the ravages of consumption by government, State and nation, can not be denied, and the mortality in recent years has been greatly decreased. The reforms in tenement life in this city have been

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marked by a gratifying improvement in the death rate. It is still enormous, being nearly 50 per cent of cases reported to your health department. Much has been done, also, in privately-owned institutions, to which I can not here allude. But the States, as a rule, have not taken action, and the efforts of the general government, if what little has been done can be called action, have been spasmodic, local and unsystematized; limited, and not sustained. I know of only two U. S. government sanitaria for consumptives. They are in New Mexico, one for the army, one for the navy,—the latter is under the management of the so-called U. S. Public Health Department and Marine Hospital Service. The United States has no public health department. There is no organization that exercises the functions of a public health department; but the Marine Hospital Service,—created originally to care for the sick marines,—has been expanded into a quarantine department, and all its labors are toward the prevention and control of epidemic diseases of foreign origin; and, like similar departments in the Southern States, the insufficient sums of money appropriated for such departments, is expended in quarantine and in fighting yellow fever and smallpox. Not a dollar, so far as I know, is expended toward the prevention of any of the many diseases that originate in our midst, and which destroy more lives than all the epidemics combined.

Organization is essential to any progress in anything. It certainly is necessary to success in combating any evil; and this we lack in our government, State and National. There should be a National Department of Public Health, in fact as well as in name. There should be a commissioner of public health,—for surely the public health interest is as great as that of agriculture, labor or commerce,—all of which are really dependent upon it, and it is the duty of Congress to at once create such department with a minister in the President's cabinet. This is the unanimous sentiment of the medical profession of America, and of its numerous societies. It can not be too strongly emphasized. It is the first duty of the national government to create a Department of Health commensurate with the importance of the work that is peremptorily demanded by every consideration shall be done, and with the dignity of the medical profession and the greatness of this strong and progressive and enlightened nation. And in every State there should be a Department of Public Health, administered either by an expert in sanitation, or by a board of health as auxiliary to the National Health Department.

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While it would be supererogation on my part to attempt to outline, even, the duties of such department, it is obvious that the first essential would be to provide for a uniform and thorough system of registration in every State, of births and deaths, with all the necessary data.

At a recent meeting of the American Association for the Advancement of Science, held at Cornell University, the question of such department was discussed, the discussion being led by Prof. J. Pease Norton, of the Department of Economics of Yale. He strongly advocated it, and said that the wastes from disease in the United States have become so great as to make a national department of health a necessity. I quote from his remarks:

"One million five hundred thousand persons must die in the United States during the next six months. Four million two hundred thousand persons will be constantly sick. At least five million homes, consisting of twenty-five million persons, will be made more or less wretched by mortality and morbidity." He says: "Sickness is a radiating center of anxiety; and often death in the prime of life closes the gates of happiness on more than one life. Let us not forget that the 'bitter cry of the children' still goes up to heaven and that civilization must hear, until at last it heeds, the imprecations of forever wasted years of millions of lives.

"We look in horror on the Black Plague of the Middle Ages, yet it was a mere passing cloud compared to our own White Waste. It is reasonably certain that of the people living today over eight millions will die of tuberculosis, but not a hand is raised by the Federal government to save them. Over six millions must die of disease of the heart and eight millions of pneumonia, but not a wheel of the official machinery at Washington is set in motion for their cure, and the event is accepted by the American population with as resigned a mien as the Hindoos show in awaiting the day of the cholera.

"On the other hand, the national government expends seven million dollars annually on plant health and animal health, but, save for the work of Doctors Wiley, Atwater, and Benedict, not one cent is expended directly on the health of infants. Thousands have been expended in stamping out cholera among swine, in saving the lives of elm trees, in importing Sicilian bugs to fertilize fig blossoms, in ostracizing certain species of weeds, in exterminating parasitic growths, but not one cent has been appropriated for eradicating pneumonia (or consumption) among human beings. The logic that justifies an annual appropriation of $2,000,000 for a life-

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saving service should justify protection against accidents of disease and death."

Could any argument be stronger? The lawmakers must heed such outspoken and unanimous sentiment. The people, the real source of power, must demand it.

The question of the prevention of disease is not strictly one for the medical man. It must be dealt with by law and lawmakers. The medical profession have done their full share of the work, and must now look to the people to see that it is completed.

I quote from my distinguished colleague, Professor Hughes, of St. Louis: "The people now know that the promiscuous tuberculosis spitter in public places may kill with his deadly saliva; they know that food and drink and second-hand clothing may spread it; that glasses at bars and soda fountains, dipped in water not often renewed, may spread it. That dairies may be as deadly as the apothecaries' poison; and likewise the butcher's stalls and the beef packing places that the dust of the street may carry the seeds of death, and edibles, exposed for sale, unprotected from dust, may kill while they nourish. But enough of the people do not yet know or rightly ponder these fatal facts, to demand safety. The ice man still drags his ice blocks over the filthy pavements; putrifying garbage is still exposed in the alleys or carted through the streets, and the street car hog expectorates disease upon the floors; but publicity of the dangers of tubercular infection will spread through efforts like the Congress is now making, as publicity of political crime has spread in Missouri, till popular knowledge and demand for remedy will secure the people's rescue."

How much longer will an intelligent government deal with effects and ignore causes? How much longer will the people look to doctors to cure disease, instead of to authorities to prevent it? Medical science has discovered, isolated, demonstrated and written the life history of numerous disease-producing germs, and of disease-dispersing insects and parasites. They have pointed out the method of propagation and dissemination of diseases, and the methods by which they may be prevented. They have called in vain for government aid in the enforcement of such measures, and here and now the aid of the people is invoked. This Congress should be a popular movement, guided by medical and other sanitarians, and it is hoped and expected that the people will sustain it until the time shall come when the great destroyer will be, like yellow fever and smallpox, disarmed and defeated. The medical profession has been too long the people's unrecognized and unthanked

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providence in sanitary matters. The time has come when the people should take up the work and insist that the voice of science shall be heard and heeded; that the great truths revealed by long and laborious investigation and experimentation, truths vital to the dearest interests of mankind, shall be utilized in the saving of life.

That the general government should at once take prompt and adequate steps to arrest the fearful and needless waste of life by tuberculosis, is demanded by every consideration of humanity, economy and national interest and prosperity. It is the paramount duty of the hour.

[Mr. Clark Bell then moved that the retiring president, Dr. F. E. Daniel, be duly elected honorary president, and made an address eulogizing the labors of Dr. F. E. Daniel as first vice-president of the St. Louis Congress, in the management of the present Congress, and applauded his presidential address, which he characterized as the most masterly summary and presentation of the present state of the issues that had been made. That he regarded it, and that the profession would consider it as the crowning work of Dr. Daniel's useful life, and that a vote of thanks be tendered him by the Congress.]—*Transactions Am. Int. Congress on Tuberculosis, New York, November* 14, 15, 16. *In Medico-Legal Journal, March*, 1907.

The Mechanical and Chemical Effect of Milk on the Human.

BY ARTHUR E. GUE, M. D., DETROIT, MICHIGAN.

Milk is the normal secretion of the mammary glands of all mammals, and the milk of all mammals has a similar composition, consisting of fat, sugar, albuminoids, mineral constituents, and small quantities of other compounds. The milk of the cow has been studied in greater detail than that of any other animal on account of the extended use of this animal's milk and the products derived from it as human food. Our knowledge of the chemical composition of cow's milk is indeed very complete, while studies, more or less incomplete, have been made of the milk yielded by woman, the goat, the ass, the mare, and the sheep. While there may exist a wide difference in the sustaining qualities of the mammary secretion of different animals as applied to man, this difference will be found not only in the chemical properties of the milk, as given by

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chemists, but we will also add that there is a mechanical effect which milk produces on the human tissues that must not be lost sight of, there is also a vitality which the animal has which produces the milk that is essential, this vitality is marked by certain characteristics which are all important and to which we will refer later. Briefly, our scheme is to show the mechanical and chemical effect of milk on the human, and why the Holstein-Friesian cow is the food-producing ideal. While the chemistry of the different constituents of milk is only in its infancy and it may seem premature to discuss such at this time, still for the purpose of this paper it will be quite necessary to hint at some of the obscure truths. A word first as to the individual constituents of milk, the fat, for instance, is of peculiar and complex composition; it differs from other fats in that it contains compound glycerine; it exists in milk in small globules and each globule is surrounded by a true membrane; now this last is a proven fact, and I would ask you not to debate it for the present, but bear it in mind for future use in the study of this paper.

The sugar in milk is also of peculiar nature; that of the cow's milk is called "lactose," or, more commonly, sugar of milk. It is generally assumed that all milk contains the same sugar, and while it may be so, it is a fact that the sugar of one animal seems to have a property not found in that of another; for instance, the sugar of the milk of the mare has the property of easily undergoing alcoholic fermentation, a property not possessed by the sugar found in cow's milk; so also is it a fact, as stated by Carter, that the sugar of the human milk is not identical with that of the milk of the cow, though the properties seem to be the same. Again we find that milk sugar exists in several modifications which are distinguished from each other chiefly by their behavior under certain atmosphere, even polarized light being sufficient to break up milk sugar into a modification of itself. Our present knowledge of the albuminoids of milk is far from complete, though much work has been done on the subject, this is due to the fact that it is extremely difficult to obtain these compounds in anything like a state of purity. The milk albuminoids are bodies of complex composition containing carbon, oxygen, nitrogen, hydrogen, phosphorus and sulphur. The way in which these elements are combined is not known, but that they exist differently in the milk of different animals is a fact borne out clinically rather than chemically; it is this fact that undoubtedly suggested the comprehensive term "vitality" to Professor Carlyle as related by Mr. Cortel-

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you in his address of the twentieth annual meeting of the Holstein-Friesian Association. It was this fact that Professor Holt had in mind when he said that in infant feeding there is a difference among the different breeds; it may be slight, but that difference is shown on the delicate human organization, and to my mind he must have had the Dutch cow in mind when he said, "Select a large, strong, healthy cow and the little difference will not be noticed," and follows up by cautioning the student concerning the fact that tuberculosis is more common in the Jersey than in any other breed. Taking up once more the albuminoids, we repeat that they differ in the milk of different animals; they may be divided broadly into two classes: those like the cow and the goat, which give a curd on the addition of an acid, and those like the human and the mare, which do not. Now, the curd found in the cow is composed of casein, which is composed in the main of earthy phosphates, the presence or absence of which causes the difference in the albuminoids of the two classes. Besides casein there exists in all milks a second albuminoid called albumin; this differs from the casein by not being precipitated by acids, but will be coagulated by heat. There are other albuminoids described in milk, but enough has been said excepting to allow me to reiterate that the elements found in the albuminoids vary in different animals, and this without disturbing the general complex make-up of the milk.

Salts: Henkel and Bechamp are about the only authority; they admit the presence of potassium, calcium, chlorides, phosphates and magnesium. Henkel has gone so far as to find an organic acid (described as citric acid) which he has found at times in some samples of milk, and while this result is not universally accepted, for the sake of future reference, please keep this point in mind. If you can only see with me that the atoms composing the different elements of which we have been talking are so delicately arranged and the molecules built up in so complex a manner that they can not be disturbed, you would then understand how even a slight change in some one element would make a vast change in the whole. This is so to such an extent that in the large percentage of cases where the milk is modified the child or invalid does not thrive. By some writers it is said that the reason that the milk of Jerseys does not agree with subjects of low vitality is that it is so rich in fat that when in combination with the digestive ferments produces a substance that is absolutely toxic. This, I feel, is not quite true; the difference we will find to be a physiological

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and mechanical derangement, physiological in the fact that it is impossible for the large membranous-covered fat globule of the Jersey to crowd through the microscopical cells of the digestive organs, which they do when assimilation is perfect, and if forced will indeed produce an active mechanical irritation resulting in numerous disturbances of the alimentary tract, while with the Holstein's milk the fat globules are so small that they readily pass by endosmosis through the cellular tissue.

Professor Holt, in his summary from figures compiled from sixty thousand analyses collected by Mr. Gordon, from the American grades and common natives, says, leaving out the Jerseys, the average of the different breeds of cows are remarkably uniform in their total solids. Now, if it is a fact that there is little difference in the component parts between the Holstein and other dairy breeds, wherein are we to lay claim to this superior vitality in the Dutch milk, in two ways: first, the chemical combination of all the elements of the milk; in one breed this combination will produce one result, while in another breed these elements combined will produce entirely different results; in other words, in one breed these elements are happily combined, while in others these same elements are opposed. How is this so? Well, just as one manufacturing pharmacist will make a certain preparation composed of two or more ingredients, the results when given to the body are good; another pharmacist analyzes the product and prepares, as he thinks, the same, but the result on the body is disastrous. Why? Because there is that lack of what is known in medicine as a happy combination. Now, so it is between the different breeds. It would be so easy—although all the elements are present in a certain milk—there might be that lack of harmony which would change the final sum. For instance, diamonds and charcoal, chemically the same, but such a gross difference in the completed substance. Now, what would produce this lack of harmony in the different elements of milk in the several breeds (another claim to superiority), i. e., the breed itself, the quality in a breed is one of the most important factors, and that which influences most of all these factors is first the duration of the purity of breeding without admixture of alien blood, and second, the uniformity of type, and the inherent vigor of that type. It is doubtful if any breed of cattle has been bred pure for a longer period than the Holstein, and the inherent vigor of the breed is indisputable; it matters little with what breed or type a Holstein bull is mated, the offspring is almost sure to resemble the sire markedly

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in characteristics, particularly so in color. Now I speak of this prepotency because it is the vital factor in holding all of the delicate arrangement of the molecular formation of milk in happy relationship! On the other hand, take a breed of delicate constitution, nervous and predisposed to all outside influences; are they not more apt to cause an unbalanced condition of all those elements that go to make up the milk? If this is not so, then how are you going to explain the fact where a hospital full of patients (ranging from infancy to old age) fed on the milk of a certain breed, no matter how diluted or modified, failed to thrive, but when changed to the milk of the Holstein-Friesian a marked change was shown. I do not think I am presuming too much when I say that it would not be unreasonable to expect in two different milking breeds, where all of the elements of this great chemical combination are practically in the same proportion, yet one ingredient not up to standard (low grade of phosphorus or poor sulphur, for instance), would sacrifice the whole. In other words, the difference in the digestibility of one cow's milk over another is dependent upon the difference in their molecular arrangement and not whether they are rich in fat or not. The time is not far distant when the boards of health and city governments will insist, not on a high grade of fat, but on a high grade of solids, a fine molecular combination and few bacteria, as most hospitals do now.

Right here it might be patent to add that a Walker-Gordon representative replied, in answer to my question: if left with no other means of feeding infants than raw cow's milk, what breed would you choose, "Holstein," because it comes nearer a balanced ration than any other. To the Holstein breeders I will say, you have in your breed all that can be desired for the production of a pure food product, to say nothing of other grand qualities, so don't waste your time trying to breed an absurdly high per cent of fat to the detriment of inborn qualities, qualities that have made the Holstein-Friesian the head of all dairy breeds.

RELIEF OF FETID MOUTH.—

℞ Saccharin . . . . . 15 grains.
Sodium bicarbonate . . . . . 15 grains.
Salicylic acid . . . . . 30 grains.
Alcohol . . . . . 3 ounces.

M. Sig.: A few drops in a glass of water to be used as a gargle.—*American Medicine.*

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Notes and Miscellany.

POINTS IN MEDICINE. — In obstinate eczema, from unknown cause, it is well to investigate the urinary functions. Frequently the free admission of lithia or other alkali will result in rapid cure.

Vaseline rubbed well into the scalp daily will strengthen the growth of the hair and remove dandruff.

Herpes zoster is promptly relieved by painting with several coats of flexible collodion containing four grains of morphine to the ounce.

Glandular swellings not specific in character generally yield to inunction with ichthyol in lanolin, a drachm to the ounce, applied three times a day.

A few drops of oil of sassafras will disguise many of the inevitable and disagreeable odors common in the doctor's office if dropped in the cuspidor or dropped on blotting paper and laid on the floor.

"EF YOU please, suh," said the colored brother at the accident insurance office, "I wants you to put a guarantee on my left leg."

"A guarantee on your left leg?"

"Yes, suh. You see, I'se gwine off on de railroad, en if any leg is to be runned over I wants it ter be dat one — kase it's got de rheumatism in it!"—*Atlanta Constitution.*

UTERINE SEDATIVES. — Both caulophyllin and macrotin act favorably in many diseases of the female generative organs, and both have been used with good results to prepare women for easy labor and in cases of confinement. Caulophyllin is not generally known as macrotin, probably because it does not have as wide a range of usefulness, but in my opinion, its action on the female organs is more important than macrotin. I have used caulophyllin in several cases of confinement and find it will increase true labor pains and bring on labor and in false pains or threatened miscarriage it will soon relieve.—*J. A. Burnett, American Journal of Clinical Medicine.*

TO ABORT A FELON. — It is claimed by Dr. J. Rilus Eastman, Professor of Surgery in Central College of Physicians and Surgeons, of Indianapolis, that a commencing

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felon will always be aborted by the local application of alcohol under perfect air exclusion. Cotton is saturated with alcohol and placed about the affected part and a thin rubber finger-stall applied over all. Seventy-two hours usually suffices to give relief or even effect a cure. He learned this in Von Bergmann's Polyclinic in 1897, since which time he has not had occasion to lance a single felon, the treatment of which was begun in time by this method.—*Medical Fortnightly.*

A REMINDER.—Two girls were going down the street when they passed a man wearing a green vest and a beaver hat.

"Oh!" said one, "just see what that man is sporting."

"Yes," said the other, "that reminds me; I've got to buy some quinine."

"How does that remind you?"

"Oh, just the bad taste."—*November Lippincott's.*

SILENT WOMEN (MUMMIES).—"Yes," said Henpeck, "the thing that impressed me most in Egypt was the mummy of one of the ancient queens."

"What was remarkable about it?"

"The fact that they could make her dry up and stay that way."

POOR LITTLE WILLIE.

A swarm of bees chased Willie
Till the boy was almost wild.
His anxious parents wondered
Why the bees pursued the child.

To diagnose they summoned
Their physician, Dr. Ives.
"I think," he said, "the reason's clear,
Your Willie has the Hives."

—*Cornell Widow.*

STRYCHNIN.—In all the diseases of the central nervous system, long before the advent of the dosimetric system. Trousseau and Bretonneau got wonderful results from strychnin in desperate cases of paralysis from softening of the brain—from the lesions and the inflammatory cases as well—of the brain and medulla. They used the same treatment with success in paralysis from lead poison-

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ing, diphtheria, measles, mercury and alcohol poisoning; also the same in facial paralysis and that of the vocal cords and the anal sphincter, as well as paralysis of the intestines, causing a profound constipation. Dr. Burney Yeo, of London, always gives large doses of strychnin in cases of constipation in elderly people, when he says it is caused by inertia of the bowels that is almost a paralysis.—*T. H. Linn, American Journal of Clinical Medicine.*

For Neuralgia.—

℞ Ext. cannabis indica .....2 grains.
Ext. bella. leaves .....2½ grains.
Acetanilid .....2 scruples.
Quinine bisulph. .....1 scruple.
Salicine .....1 scruple.
Pyrophos. of iron .....1 scruple.

M. And make twenty capsules.—*C. M. Smick, M. D., in Med. Mirror.*

Where He Got It.—It was not long ago that a coroner's jury reported the following verdict:

"This man died of stone in the kidney, which stone he swallowed when lying on a gravel path in a state of drunkenness."—*American Medicine.*

Give us courage and gayety and the quiet mind. Give us to awake with smiles. Give us to labor smiling. Give us health, food, bright weather, and light hearts.—*Robert Louis Stevenson.*

The Investigation of Progenitur Thyreopriver.—Lanz. The author has continued his most interesting experiments for the past eleven years upon animals of various species to find out the effect upon the offspring of thyroidectomy in the parent animal. A hen whose thyroid had been removed laid an egg weighing 5 grams, while a sister animal produced them weighing 50 to 60 grams without any trouble. The opposite of this is shown very nicely by the fact that the feeding of thyroid substance will produce an unusual number of eggs; for instance, it was possible to make such a hen lay just three times as many eggs as the control animals were seen to do. He removed the thyroid of a large number of rabbits, but all of them died of cachexia before the age of reproduction was reached. Nothing could be done with cats. They died of acute tetany almost as soon as operated upon. He had

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very little better success with dogs. The sexual sense of the few that lived seemed to be completely destroyed. He did thyroidectomy on thirty-eight goats, and made the following interesting observations: Animals under one-half year gave all the symptoms of cretinism. Animals from one to four years old were much less acutely affected. It is interesting to note that herbivorous animals required much less antiseptic precautions. Animals which have horns very soon lose the same or have them deformed. Those over five years of age are not acutely affected, but soon grow old. The development of the bones is later in cretins than in others. It is very interesting of late to note the changes produced by thyroid feeding in artificial cretins produced by the complete removal of the thyroid gland in the early years of the operation before the present limitations were placed upon the procedure by Kocher. A few of these early cases have been hunted up and restored to practically normal individuals simply by this treatment. Another very interesting case was that of a little girl who had been born of a sightly cretin type. In only two years of thyroid feeding she increased remarkably in size, menstruation commenced and she was restored to the state of a practically normal individual.—*Beitrage zur Klinisch. Chirurg., Band 45, Heft 1.*

HE THAT can not think is a fool,
He that will not think is a bigot,
He that dare not think is a slave.

An inscription on the wall of Andrew Carnegie's library.

SO LONG as we love we serve. So long as we are loved by others I would almost say we are indispensable; and no man is useless while he has a friend.—*Robert Louis Stevenson.*

THE IDEAL DOCTOR.—The most important thing about a doctor is quality—quality in his knowledge, his work, his intuitions, his own self. The knowledge of a scholar, who holds up his head among the wise and is not ashamed; work whose finish denotes the hand of the Master; intuitions only possible to the trained and sympathetic mind; the manners of a gentleman and back of them the morals of a Christian and the kindly heart that feels for human ills.

A certain bigness of being should characterize the doctor, as well as a broad and charitable way of viewing men and their actions. Feel for every man that you would probably have done as badly

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if in his place. Love every woman as you would your own sister or mother. Let every little child recognize in you that which prompts him or her to run and take your hand in happy, trustful confidence and liking. And, finally, justify this confidence by "making good" at every emergency—attacking the citadel of disease with earnestness, energy and intelligence, making use of long-range twentieth-century "arms of precision" rather than the wavering, uncertain short-range galenical lance of a sixteenth-century Don Quixote.—*American Journal of Clinical Medicine.*

PROLONGED LOCHIA.—Whenever the vaginal discharge continues the third week after delivery, either there is retained debris with subinvolution or an unhealed laceration of the cervix. It is perhaps not best to make a perfect examination of this stage since intrauterine manipulation might result in serious pelvic infection. Rather it is better to use boric acid or carbolic injections followed by antiseptic suppositories and internally five grains of quinine thrice daily—a drug which contracts the uterine fibers and thus promotes involution. If bloody discharge continues into the fourth week the uterus must be carefully scraped out and perhaps touched with iodine and carbolic. Internally ergotin, quinine and strychnine are now indicated and in two weeks more the uterus will generally be found of normal size unless serious infection has occurred at the time of labor.—*Lanphear, American Journal of Clinical Medicine.*

HOW MAYO MAKES A DIAGNOSIS.—A surgeon was recently descanting over the Mayos' institution at Rochester, Minn. He described how every patient was completely overhauled in respect of every organ of his body by no less than fourteen first-class specialists before the Mayos ever saw him, and that a complete record of his systemic condition accompanied him to the great surgeon. The family doctor, whom the surgeon had just met in consultation, exclaimed: "Jerusalem! Why, all that Mayo has to do to make a diagnosis is to smell the paper!"

WHAT CONSTITUTES SUCCESS.—A Kansas woman, Mrs. A. J. Stanley, of Lincoln, has been awarded a prize of $250 by a Boston firm for the best answer to the question, "What constitutes success?" She wrote: "He has achieved success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better

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than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the best in others and given the best he had; whose life was an inspiration; whose memory a benediction."—*Critic and Guide.*

A PUTNAM, Conn., man went to church the other evening, carrying on his arm what he thought was his overcoat. When he started to hang it over the back of his seat he was somewhat disconcerted to discover that his wrap was one of his wife's black skirts.—*American Journal of Clinical Medicine.*

REQUIREMENTS FOR ADMISSION TO MEDICAL SCHOOLS RAISED.—Recognizing the advantages of a broader general education and the growing necessity of the prospective student having in addition special preparation for the study of medicine, the Board of Trustees of the University of Pennsylvania has decided recently to raise the requirements for admission to its medical school. These requirements include two years of general college training and in addition a certain knowledge of biology, chemistry and physics. According to the plan which has been adopted, the standard will be raised gradually, beginning with the academic year 1908-1909 and reaching the maximum 1910-1911.

THE FACTORS OF SAFETY IN THE ORGANISM. — S. J. Meltzer, New York, noticing the tendency of some writers to emphasize the economy of Nature in the animal organism, both as to material and energy, points out that the factor of safety in the body—the surplus above that which is demanded—is far greater than that which is required in artificial structures. For example, he refers to the bilateral organs, each of which is more than capable of supplying the place of both the kidneys, the ovaries, the thyroids, the adrenals, etc. In the non-paired organs the same prodigality of tissue and functional capacity is apparent, some organs possess at least twice as much tissue as a maximum of normal activity would require, and in other organs, especially those with an internal secretion, the margin of safety amounts sometimes to ten to fifteen times the actual need. He does not think it probable that tissues are usually inactive, such must be the exception, but they work normally only a fraction of their capacity. The power of self-repair is moreover a safety factor far beyond anything in human-made machines. While noting some partial exceptions, the rule seems

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to be that the organs of the body are built on a plan of a surplus of structure and energy, and Meltzer therefore is inclined to question the theory advanced by some that a minimum, say of proteid ingestion, is the optimum or ideal. There are no facts that support it, and on the other hand there are facts that point the other way, such as the abundant secretion of proteolytic enzymes and the excessive capacity of the digestive tract for the absorption of proteids. There seems to be fair evidence that Nature intended this surplus of material and capacity to be used. The function of supply of tissue and energy by means of proteid food should, he holds, be governed by the same principle of affluence that has controlled the entire construction of the animal for the safety of its life and the perpetuation of its species. In conclusion he remarks that the factors of safety have an important part in the process of natural selection. The species best provided with a surplus of structure and energy, and thus fitted to meet emergencies, are most likely to survive in the struggle for existence.—*Journal A. M. A.*

THE TREATMENT OF LA GRIPPE.—P. J. McCourt advocates the use of the tincture of the fresh root of gelsemium. From three to five minims are put into six ounces of water, and drachm doses of this mixture are given every one to three hours. The writer believes that this remedy is practically a specific for almost every stage and variety of la grippe, when free from serious early complications. He has found fluid preparations of the dry root absolutely valueless. The dose may be much smaller than that indicated above, but should never exceed this amount. In cases of patients who had previously suffered from repeated attacks of influenza, the writer has found arsenic in alcoholic solution very efficient in conferring immunity.—*Medical Record.*

COCAIN CATAPHORESIS IN SURGERY. — D. T. Quigley, M. D., North Platte, Neb., states his belief that half the operations performed could be done with his method of cocain cataphoresis and with much greater safety and less worry to both physician and patient. He states that he has used this method for removal of tumors of the breast, removal of lip for cancer, and in operations for hernia, hemorrhoids, birthmarks, moles, and epithelioma. A piece of gauze folded four times is cut the size of the part to be anesthetized and is laid on the skin, which has previously been made sterile. The gauze is then saturated with the following solution:

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Cocain hydrochloric .....3 iss.
Adrenalin or adrenal solution.....3 ii.
Sterile water q. s.....ʒ ii.

The gauze saturated with this solution is covered with metal foil connected with the positive pole of an electric battery. The circuit may be completed by the patient holding in his hand a wet sponge electrode connected with the negative pole; or a large pad electrode may be used as the negative pole and attached by a bandage to the skin near the part to be operated on. The time required for anesthesia is from 15 to 30 minutes, and may be longer for deep effect. Quigley asserts that he has never observed any bad effects from this method and suggests that the adrenalin may cause the absorption to go on so slowly that no systemic effect is observed or it may be that the amount of cocain which penetrates the skin is too small to cause any appreciable symptoms.—*Journal A. M. A.*

Abstracts and Selections.

The Present Treatment of Pneumonia as Exemplified by the Routine Treatment of the Disease in Four of the Large New York Hospitals.

BY HENRY P. LOOMIS, M. D.

The fact that pneumonia today occupies first place in mortality statistics as the cause of death arrests our attention. In New York the statistics of the board of health show that the mortality curve of pneumonia has passed that of tuberculosis, and more people die from pneumonia every year in Greater New York than from consumption, which until the last few years has always been considered as the great scourge. A satisfactory explanation of the increase of pneumonia is very difficult. Has the type of the disease increased in severity? Have the local conditions favoring its development become worse, or has the treatment of this disease known no advance? These are questions that must interest every medical man. Personally I believe the treatment of pneumonia at the present day is the least satisfactory of that of any of the acute diseases.

In our large metropolitan hospitals we may look more than anywhere else for the most advanced methods of treatment. as here every new suggestion in therapeutics is tried, weighed, discarded, or adopted. Accurate statistics are kept, thus furnishing data for

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approximately reliable and impartial conclusions, and all under the critical eye of the young and enthusiastic members of the house staff, who before their two years are up are well able to determine the treatment producing uniformly the best results. Therefore, in the large hospitals I should say we can find, if not the best plan of treatment, certainly the one that is accepted by the majority of the profession as giving the best results. I have taken for comparison four of the largest hospitals in New York—the Presbyterian, Roosevelt, New York, and Bellevue.

On the visiting staff of these four institutions are some of the ablest men in the profession, certainly men with large practical experience. As the medical service in all these hospitals rotates, the criticism might be offered that the treatment would change as each new visiting staff comes on duty, in accordance with their personal ideas. This I have found not to be the case to any extent. After a talk with the present house staffs of all these hospitals, I find that there is in each institution what might be called a routine treatment for most of the common diseases, based upon past experience and drawn from the most effective suggestions of the various visiting physicians.

The hospital treatment which I shall speak of may differ somewhat from the treatment we each might carry out, but it will certainly represent the prescribed treatment of the majority. To obtain the details of treatment from the different hospitals, I had typewritten a careful series of questions; these were answered in writing by the different house physicians. Then personal interviews with the medical staff of each hospital were had, and I found that in many instances one or more of the visiting staff had verified the answers to the questions and had added elaborations of their own. I was surprised to find after investigation what a uniformity there was in the treatment of pneumonia in the different hospitals. This is not seen in any other disease, with possibly the exception of acute rheumatism. I will give briefly the general hospital treatment of pneumonia and note the exceptions as I go along:

Cathartics.—When a patient enters any one of these four hospitals suffering from pneumonia, he is given calomel, usually in small doses, often repeated, and this is followed by a saline the following morning, generally Epsom salts. The calomel is repeated during the course of the disease if necessary. This is a routine treatment.

Local Applications to Chest.—All the hospitals at the present

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time apply local measures to the chest over the affected lung *only* when the pain and distress are intense. They make no local applications as a routine practice. When applications are made large flaxseed poultices enveloping the chest are applied, although at the New York Hospital and on the first division of Bellevue Hospital ice poultices are sometimes used. The old-fashioned pneumonia jacket, made by covering flannel with oiled silk, is used in none of the hospitals at the present time for adults suffering from pneumonia. At the New York and Bellevue its use is confined to children.

Diet.—All the four medical divisions of Bellevue Hospital put their patients during the height of the disease on an exclusive milk diet, giving the milk plain or modified. The other hospitals make milk the principal article of diet, and alternate it with broths and egg-albumen. Roosevelt Hospital adds eggs and crackers, and there the patients are urged to drink a very large quantity of water.

Fever.—The treatment of the fever of pneumonia in the different hospitals varies more than anything else. A temperature of 104 degrees and over is not necessarily an indication for special treatment unless it is accompanied by nervous symptoms, marked restlessness, or delirium; then it is treated as follows in the different hospitals:

Presbyterian Hospital: They use either cold packs to the anterior portion of the chest, the technique of which consists in enveloping the chest with sheets wrung out of water at a temperature of 50 degrees and repeating the applications for ten minutes, or they make use of what is known as an "anterior pack." This consists in covering the patient with a sheet and sprinkling with water from a sprinkler, or by a brush wet with water; the temperature of the water is just as it comes from the hydrant, about 85 degrees. This method of reducing the temperature is also used at Roosevelt Hospital.

At the New York Hospital the temperature is controlled by alcohol sponges, and if these are not effective, with a cold pack.

At Bellevue Hospital tepid sponges are used to reduce the temperature, the water being from 80 to 85 degrees.

At Roosevelt Hospital alcohol sponges or "anterior packs" are used. I made inquiries to ascertain if tub baths are given in pneumonia in the various hospitals, and found that Bellevue and Roosevelt never use them; the New York very seldom, and only in cases with toxemic pyrexia. At the Presbyterian they are used in alcoholic cases when nervous symptoms are present.

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Cough.—When cough is a distressing symptom, all the hospitals give codeine. Ordinarily it is the only drug they use. When it is commenced it is given in regular doses of one-quarter of a grain every four hours. All the hospitals, with the exception of Bellevue Hospital, at times use heroin in one-twelfth-grain doses. The third division of Bellevue prefers morphine. At times, Roosevelt Hospital gives morphine to aid a distressing cough.

Insomnia.—For insomnia, which is often a distressing symptom, the three drugs most used are trional ten grains, veronal ten grains, codeine one-quarter of a grain. The Presbyterian uses any of these indiscriminately. The New York and Bellevue generally use trional. Roosevelt only veronal and codeine.

Pulmonary Edema.—Pulmonary edema is treated at the Presbyterian and Bellevue Hospitals by hypodermic injections of adrenalin; fifteen to thirty minims of one in a thousand solution is given every fifteen minutes, for five doses, then every half-hour for four doses. Atropin hypodermically, one-hundredth of a grain, is also used at these hospitals. They all cup the chest for pulmonary edema; however, at the New York and Bellevue Hospitals greater reliance is placed upon increased stimulation. Oxygen is not given as much as formerly in any of the hospitals. It is only used in cases of dyspnea and cyanosis. The oxygen tank seems to still hold its place as the actual forerunner of the end.

Cardiac Failure.—As we all know, the critical period in a case of pneumonia begins with the evidence of cardiac failure. The first indication of systolic weakness and failure of arterial tonicity leads to the administration of cardiac stimulants. The three cardiac stimulants which are used in all the hospitals are alcohol, strychnine, and digitalis. I find the use of these drugs varies a good deal in the different institutions.

(*a*) *Alcohol.* The cardiac stimulant which occupies first place and upon which the greatest reliance is placed is alcohol. Whisky is the form used in doses of half an ounce, the time of its administration varying fom every hour to every four hours, according to indications. These indications are a small, incompressible, rapid, feeble, and often irregular or intermittent pulse, associated with the absence of the first sound and a diminution of the apex beat.

At the Presbyterian Hospital alcohol is not commenced until there are *absolute* indications, such as cardiac insufficiency and marked constitutional symptoms—nervous symptoms, dryness of the tongue, etc. I find that alcohol is less used in this hospital

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than in any of the other institutions. At the New York Hospital it is used especially in alcoholic pneumonias. Inquiries at the different hospitals show, with the exception of the Presbyterian, that alcohol is used today as much in pneumonia as it was two or three years ago. It is used at the Presbyterian less generally than it was.

(*b*) *Strychnine.* There has been a peculiar thing about the use of the second drug in pneumonia—strychnine. Most of us can remember when we first began the practice of medicine that strychnine was seldom, if ever, given as a cardiac stimulant in pneumonia; now it is universally used. Clinical experience has confirmed what physiological experimentation has long ago proven. When we remember the physiological action of this drug, how it stimulates the heart and tones up the arterial system by its direct stimulant action on the vasomotor centers, and not like alcohol and digitalis by its action on the heart muscle and the arterial wall, we find an explanation of its effectiveness; it whips up the heart, one might say, from its powerful nerve center. Strychnine is never followed by the secondary depression so often seen after alcohol. I find this drug universally used in the hospitals. In talking over its use with the various house physicians, I learn that the two indications which call for its use are: (1) When whisky is not able to hold the heart they always use it; however, secondary to whisky —to re-enforce it, as it were; (2) When there is evidence of pulmonary edema and cyanosis; here it is generally given hypodermically in 1-20-grain doses. At two hospitals this second symptom is the special indication for its use. All alcoholic cases were especially found to respond to the action of this drug.

(*c*) *Digitalis.* At none of the hospitals, with the exception of Roosevelt, is digitalis used to any extent. I understand from the house staff at Roosevelt Hospital that two of the visiting physicians use it quite extensively when there is evidence of cardiac dilatation. It is used very rarely at Bellevue on the *second* or *third* division; on the *first* when there is evidence of pulmonary edema. and on the *fourth* when there is marked failure of compensation. At the Presbyterian Hospital digitalis is only used when there is evidence of cardiac dilatation or irregular action. In all the hospitals the tincture is the form in which digitalis is almost generally given, the dose being from five to ten mimims every four hours. Fluid extract in two-minim doses is sometimes used at Bellevue and New York Hospitals.

(*d*) *Nitroglycerin.* The only other drug I found used in the

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hospitals is nitroglycerin, and this only very occasionally. At the Presbyterian it is never used, rarely at the New York Hospital, and only at the Roosevelt in the service of one of the visiting physicians. At the Bellevue Hospital it is more generally used, especially on the fourth division. The dose is one-fiftieth of a grain, generally given hypodermically.

I find that during the past year or so a number of drugs have been tried in pneumonia and discarded—for example, iodide of potash, sodium salicylate, pneumococcus serum, and creosote, although I may say the latter drug is still sometimes used by the different institutions, especially at the Presbyterian and Roosevelt Hospitals. The staffs of these two institutions inform me they can see no results from its use. At Roosevelt Hospital they are using saline injections into the rectum, especially in alcoholic cases and in cases in which nutrition is failing. Eight ounces of a normal saline solution is introduced into the rectum through a funnel attached to the end of a catheter. These saline injections are given about once in four hours, are well retained, and the staff informs me in many cases marked beneficial results are obtained. I should think this treatment would warrant more extensive use.

Before closing I would like to make three statements in reference to the treatment of pneumonia, which clinical experience warrants me in considering of some value:

First, a plea for the more general use of morphine hypodermically in the early stage of the invasion, a stage in very many cases accompanied by not only the shock to the nervous system from a sudden and overwhelming toxemia, but the distressing pain often amounting to agony of a pleurisy, associated with the development of the pneumonic processes. The shock to the nervous system in many cases is intense. Patients generally rally from this condition, but often with a marked cardiac weakness. I believe if we made a routine practice of giving cases presenting these symptoms one or two full doses of morphine hypodermically, we would not only relieve the pain but would minimize the nervous shock, and certainly, remembering how morphine sustains the heart, we will start our patient on the course of the disease in a very much better condition. Morphine later in the disease is but seldom required, and in my opinion must only be used then with the greatest care.

Secondly, if any criticism can be offered of our present treatment of pneumonia during the past few years, it is along the line of injudicious and often unwarranted use of alcohol. I have often

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questioned whether, if we did away with alcohol entirely, the mortality would not remain about the same, and possibly a great improvement be noticed. During the last two years, in my hospital service at Bellevue and New York Hospitals, I have given very little alcohol, not one-twentieth of the amount I gave formerly, and I feel that the results obtained warrant me in cutting its use down still more. The ordinary cases certainly, it seems to me, do better without it. My experience has been that in the intense alcoholic cases strychnine hypodermically gives very much better results than alcohol, and these are the class of cases in which alcohol is usually given in very large quantities. We all know in the various institutions for the cure of alcoholism how on the sudden withdrawal of alcohol they hold the heart by hypodermics of strychnine, even in the most desperate cases. An exceedingly good cardiac stimulant which I found to take the place of alcohol in pneumonia is the old-fashioned sweet spirits of mindererus, "liquor ammoniæ acetatis." I have been surprised to find how universal is the use of this drug in pneumonia by the old country practitioners. My attention was first called to its use at a meeting of a county medical society in Western New Jersey a few years ago. The drug, as we all know, is a good diuretic and diaphoretic, affects temperature, and acts as a mild stimulant. I claim no specific action for it, but if it does not do any good it will do no harm, and I would like to bring it to the attention of the members of this society.

Thirdly, the last point which I would make, and possibly the most important, is that more of our patients are damaged than helped by the promiscuous drugging which is still too prevalent. I believe if fewer drugs were given in pneumonia a very much larger number of uncomplicated cases would recover with no medical treatment beyond an occasional laxative. The mortality today in the various hospitals seems to me unusually high. In the four New York hospitals which I have investigated, the mortality varies from 35 to 40 per cent. At the Presbyterian Hospital, in 600 cases, the mortality was 34.8 per cent; at the Roosevelt Hospital, from 1903 to 1905, the mortality was about 40 per cent; at the New York Hospital, from 1893 to 1894, 38 per cent.—*Therapeutic Gazette.*

All He Cared About.—First Surgeon—"Have you saved your man?"

Second Surgeon—"No, but I've saved his appendix."

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Medical Interne (Male) for Government Hospital for the Insane, June 13-14, 1907.

The United States Civil Service Commission announces an examination on June 13-14, 1907, at places mentioned in the list printed hereon, to secure eligibles from which to make certification to fill at least five vacancies in the position of medical interne (male), at $600 per annum each, with maintenance, in the Government Hospital for the Insane, Washington, D. C., and vacancies as they may occur in any branch of the service requiring similar qualifications.

The Department states that it reserves the right to continue or terminate appointments at the end of one year, or to promote the appointee at the expiration of that length of service.

The examination will consist of the subjects mentioned below, weighted as indicated:

	Subjects.	*Weights.*
1.	Letter-writing (the subject-matter on a topic relative to the practice of medicine)	5
2.	Anatomy and physiology (general questions in inorganic and histologic or minute anatomy)	15
3.	Chemistry, materia medica, and therapeutics (elementary questions in inorganic and organic chemistry; the physiological action and therapeutic uses and doses of drugs)	10
4.	Surgery and surgical pathology (general surgery, surgical diagnosis; the pathology of surgical diseases	20
5.	General pathology and practice (the symptomatology, etiology, diagnosis, pathology, and treatment of disease)	25
6.	Bacteriology and hygiene (bacteriologic methods, especially those relating to diagnosis; the application of hygienic methods to prophylaxis and treatment)	10
7.	Obstetrics and gynecology (the general practice of obstetrics; diseases of women, their pathology, diagnosis, symptoms, and treatment, medical and surgical)	15
	Total	100

Two days will be required for this examination. Men only will be admitted.

Age limit, 20 years or over on the date of the examination.

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This examination is open to all citizens of the United States who comply with the requirements.

Applicants must indicate, in answer to question 15 of the application form, that they are graduates of reputable medical colleges.

This announcement contains all information which is communicated to applicants regarding the scope of the examination, the vacancy or vacancies to be filled, and the qualifications required.

Applicants should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the list printed hereon, for application Form 1312. No application will be accepted unless properly executed and filed with the Commission at Washington. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

As examination papers are shipped direct from the Commission to the places of examination, it is necessary that applications be received in ample time to arrange for the examination desired at the place indicated by the applicant. The Commission will therefore arrange to examine any applicant whose application is received in time to permit the shipment of the necessary papers.

The examination may be taken on the date mentioned therein at Austin, Brownsville (C. H.), Dallas, El Paso (C. H.), Houston, San Antonio, and Waco. No request will be granted for an examination otherwise than as scheduled. Application blanks may be secured from the secretary of the board at the postoffice at any of the above-named places, except where the letters "C. H." occur, which refer to the custom house.

The Dr. Nathan Smith Davis Memorial.

I desire to call the attention of the members of the medical profession of Texas to the fact that a committee has been appointed by the American Medical Association to collect a fund to be devoted to establishing a suitable memorial to the late Dr. N. S. Davis, one of the founders of the American Medical Association, one of the authors of the original code of ethics, founder and first editor of the Association Journal. It seems appropriate that the memory of a man who did so much for medical organization and for the progress of American medicine should be perpetuated in a suitable way.

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The undersigned having been appointed a member of the committee from Texas, with authority to add the names of other members to the Texas division, begs leave to state that he has requested the councillors of Texas to serve on this committee, believing it most appropriate to form the committee of these gentlemen with authority to aid in collecting for this fund. A number of county societies have already contributed. It is hoped that good progress can be made in this worthy cause in time for a creditable report to be made to the American Medical Association at its annual meeting on June 4th, when it is desired to formulate plans for beginning the work. This is a subject that appeals to the pride and pleasure of members of the profession. Any amount that any member feels disposed to contribute will be received with thanks, and no member need consider himself debarred from the privilege of contributing because he does not feel able to give a large sum, as it matters not how small the contribution. It is much more desirable to have a large number identified in establishing this memorial than a few.

Hoping the profession will be interested in this movement, I am,

Very Respectfully,

J. T. WILSON,

SHERMAN, TEXAS.

Remarks of Mr. Grinstead on House Bill No. 439, the Tuberculosis Sanitarium Bill.

MR. SPEAKER AND GENTLEMEN OF THE HOUSE: It is not my desire to retard the work of this body by making a long speech at this time. I merely wish to lay before you as best I can, the merits of a measure that I consider one of the most important, upon which the Thirtieth Legislature has been, or will be called upon to act. I refer to the bill providing for the establishment and maintenance of a State Sanitarium for the care and treatment of persons with tuberculosis or consumption.

It would be useless for me to take up your time discussing the provisions of the bill. You are equally as well aware of them as I am, so I shall spend my share of the time in discussing the merits of the measure. The sanitarium this bill seeks to establish will be, if so established, an institution for which a most urgent need exists. As a means of bringing this fact the more forcibly to your minds, I desire to recite the following facts, which are taken from authentic statistical reports. I do not purpose to go

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into tiresome details of technicalities which I do not understand and you do not care, however well you may appreciate them, to consider at this time, but merely to give you a few facts as regards the prevalence of this disease and the frightful rate at which it is increasing in this State. Statistics show that in 1890 there were less than 1900 deaths in the State of Texas from tuberculosis. In 1900 there were 2965 deaths from the malady, showing an increase of 1069 deaths from tuberculosis for that year over the ten years preceding. In 1906 there were 5000 deaths from tuberculosis in Texas, showing an increase in the annual death rate from this disease in six years just passed to be 2035. Think of the enormity of it.

Thus we see the remarkable and alarming increase in the death rate from this dreadful malady. Now, gentlemen, I want to call your attention to the fact that not nearly as large a percentage of the persons who die from consumption in Texas are health seekers, as you probably imagine. If you will go to the portions of the State most popular as a resort for people thus afflicted, you will be astonished at the number of people you find there from other parts of our own State. It is an assured fact that the disease is increasing in Texas in a ratio entirely out of proportion to the increase in population; and the question which confronts us now is: what are you going to do about it? Are we going to let it go on menacing the public health until untold thousands of deaths have occurred from it and our people have become infected with the disease until it will require years of patient toil and the expenditure of millions of money to reduce it to even its present direful prevalence? We all know that disease is an aggressive enemy to mankind and we likewise know that this aggressive enemy does not stand still long at a time, but keeps constantly pushing forward, until having taken the outworks of the system it scales the walls and storms the very citadel of human life.

When the cry goes out that smallpox or yellow fever is rife in the land, our people blanch with horror, the State health department is instantly notified and every precaution taken against the spread of the fell disease. This is right and proper, but should the custodians of the public welfare stop at the suppression of these violently contagious diseases? Does it seem to you to be a full discharge of your duty as legislators, public servants, that you have provided a means through the State health department by which contagious diseases can be guarded against and yet failed to provide that department a means by which it can successfully combat an

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enemy to public health that is gradually sapping the very foundation of the physical welfare of our people?

I believe that the real facts of the case are that the great majority of the people and their representatives do not realize the extent and magnitude of the danger threatened by this "Great White Plague." It passes us silently on the street day by day and rides with us about the country wherever we go. It does not claim it victims by the hundreds in a single day, and then, like some voracious monster, when surfeited, desist from slaying. This malady is a dread, relentless foe, who, stalking silently through the land, bearing a snow white flag, knows no assuaging of his lust for human life.

That the disease is contagious there can no longer be a reasonable doubt. Learned scientists and physicians who have spent their lives in the study of the malady declare it to be so. Every civilized country has some provision for the prevention of the spread of diseases known to be contagious, and it is the height of folly for the world to stand idly waiting for further evidence that consumption is contagious. Texas is young, but that it not sufficient reason for her to wait for the balance of the world to show her what to do in a case where the "writing on the wall" is already too obvious. We guard against the spread of smallpox, the mortality in which, under modern methods of treatment, does not exceed 10 per cent, and yet we close our eyes to a disease known to be contagious, and which is ever present among our people and is increasing in prevalence every day.

Six other States of the Union have established such institutions as this bill provides for, and every one of them is a success. In addition to these, the Federal government has two such institutions in Mexico, for the care and treatment of the soldiers and civil service employes. The Legislature of the State of Alabama is right now wrestling with the same problem that confronts us, and I trust will succeed in doing for that State just what I am imploring you to do for Texas. This solution of the problem must come sooner or later and the longer we put it off, the more dreadful will be the result of its ravages and the greater the expense of erecting our defenses against it.

This bill provides for the establishment and maintenance of a State Sanitarium for the treatment of tuberculosis. It is designed to be a haven for indigent persons suffering from the great "White Plague," where such persons can go and be treated, and can be taught the rules of hygiene, sanitation, and right living, and the

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necessity of abstaining from excess of all kinds when afflicted with this peculiar disease. The sanitarium is designed especially for indigent persons, because they of all others are the greatest menace to the public health. This is true for two reasons; first, because they have not the means to purchase the necessary wholesome food and comfortable clothing and to carry out the ordinary rules of living with an eye to the preservation of health; and secondly, because they are in the most cases people of a roving disposition and drift from pillar to post, coming in contact with hundreds of other indigent persons who are in a debilitated condition and, consequently, very susceptible to disease of any kind, and especially to this particular malady, which of all diseases takes hold most readily upon a broken and enervated constitution.

The measure also provides for the care of non-indigent public patients who may pay to the State a certain stipulated amount for the care and treatment they receive. This provision is for the benefit of those who are afflicted with tuberculosis and are desirous of taking treatment under modern rules and methods for its treatment. When I say rules of treatment, I speak advisedly, for it is a well known fact that the average person afflicted with this trouble is the most sanguine person on earth, and unless placed under the strictest rule, he will, as soon as he has gained a little strength, persuade himself that he is well, and sound, when, in fact, he has only made one step in the right direction. A careful study of the disease by modern methods has proven beyond a doubt that the treatment lies almost entirely in proper sanitation and hygiene, careful dieting and right living. Few persons, even those who have one very near to them, to keep constant watch over them, and care for their needs, observe the proper rules of living in such cases, and it is, therefore, most essential that all persons so afflicted be placed under the enforcement of that rule.

In providing for the care and treatment of private patients, the measure is designed to accommodate people of means who desire the most modern treatment it is possible to obtain and whose pay will assist in maintaning the institution. Perhaps many of you, gentlemen, do not realize the necessity of this, but I desire to state that unless some means, some adequate means, is procured right in this line the time will come, indeed, the time has come, when a man is almost taking his life in his own hands when he enters a first-class hotel in certain sections of Texas; these people do not want to place your life in jeopardy if they could help it, but they are simply acting upon a law that God made inherent in the heart

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of every living creature—the natural law of self-preservation. They have learned from various sources that the climate of certain sections of Texas is peculiarly beneficial to persons suffering from consumption; in fact, this has been most widely advertised by Texas people themselves and the world has been invited here, and sometimes I think that most of them accepted the invitation.

This bill does not seek to locate the sanitarium at any particular point. No bonus is asked of the citizens of the community where it is to be located, because it is not to be supposed that the people of any community will be especially anxious to have it. The territory in which the bill provides for the location of this sanitarium comprises that large area of rough, broken country in the State which has long been the haven of people suffering from tubercular and pulmonary troubles. These lands are very cheap now, and the State can acquire title to them at a very reasonable figure. The best authorities on the treatment of tuberculosis agree that outdoor exercise and light employment is very essential. It is the object of the supporters of this bill, and, indeed, the bill itself, incorporates the idea of farming and stockraising upon the lands, and it is believed that with proper management, the institution can be made almost self-supporting. Whether this be true or not, the necessity for the establishment is none the less great.

I know the condition of the public treasury of the State, and I fully realize the inadvisability of creating a further burden upon the State at this time, nor would I attempt to do so in any other cause than that of humanity. When emergencies arise, it is the part of wisdom to meet them squarely, and it sometimes becomes necessary to do so without considering the cost. Would you not think it exceedingly strange if some frightful contagion were devastating the homes of the people, and the State had not sufficient funds at hand to meet the emergency, if the Governor did not call this body to meet in special session and devise some means of combating the malady? To be sure you would, and should such an emergency arise, I know every brave soul of you would hurry to your places in this hall, and when you were assembled and were told that no funds were on hand for the purpose, there would be a perfect babel of voices among you, trying to see who should be first to say, "We must get it, we will get it!"

I have no doubt that you discovered by this time that I am not an orator. I make no pretense to such distinction; I wish that I might do so. I have wished many times in my life that I had some ability along those lines, but never more devoutly than at

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this moment. Had I all the eloquence of all the orators the world has ever known and the wisdom of a thousand oracles, I would gladly spend it all here in one effort, could I portray to your minds the great need of prompt action in this matter. The necessity exists, the grave danger to the public health confronts you on every hand, it is not as if a virulent plague was raging in the land and orphaned children were crying on the doorsteps of our people. In such case there can be no question as to what Texas would do—the whole world knows.

Mr. Speaker, gentlemen, what I so earnestly desire to impress upon your minds is that there is right now abroad in the State a "great white plague" that, according to reliable statistics, destroys more lives each year than yellow fever, which has long been recognized as the scourge of the Southland, has destroyed in the past hundred years. Yellow fever caused one hundred thousand deaths in the United States in the past one hundred years; tuberculosis caused one hundred and fifty thousand deaths in this Republic in 1906.

Possibly very few of you are in such a position as I am to realize the urgent necessity to take prompt action in this matter, and I most earnestly hope that you may never be. I wish it were possible for me to know that no one who hears my voice today shall ever know from any other source than observation the horrors of this terrible malady, but no such assurance can be afforded me. I tell you that so subtle in its action is this terrible plague that it has gone almost unnoticed by men of affairs all these years. It does not wage open warfare upon the people, but, like a cowardly strangler, it takes them unawares and dooms them to a frightful and lingering death.

Oh, if you could but see the homeless orphans this relentless monster has made, the widowed mothers bowed in grief, and strong men broken by adversity, after the home and all the little savings of life have been spent upon the battle only to lose in the end. If you could but see, as I have seen, parents watching day by day this monster as it saps the life of a cherished son or daughter, whom they had hoped would be their comfort in old age, you would not hesitate to hold out a helping hand to the world of suffering humanity by providing for the establishment of this sanitarium.

Perhaps I do not know how to approach a conservative business man upon business principles; indeed, I will grant that I do not, but there is one thing I do know, and that is this: I have not

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lived in this State but seven years, but I lived right on your borders for twenty years before I came here, and I know that every Texan has a heart; I also know that when you have opened the door to his heart, you have broken the lock to his strongbox.

I shall not make an effort to convince the judgment of the cold-blooded business man upon this occasion, but I make a direct appeal to the great, throbbing, sympathetic heart of Texas through the broad minds of her representative men, and ask you, in the name of charity, in the name of humanity, to pass this bill.

I shall not claim the honor for this achievement. I have but assisted in making the plans and specifications. I call upon this House to lay the foundation, the Texas Senate to erect the superstructure, and when the Governor has, with his signature, completed the edifice, the Thirtieth Legislature will have builded a temple of humanitarianism that will out rival the rare palaces of the Orient, and a monument to its own usefulness that will live throughout the ages to come.

THE NEED OF THE HOUR.

Now Molly scrub the kitchen clean
And fumigates the food,
She germicides the soup tureen
And also boils the wood;
And ere she goes, at twilight cool,
To do the milking now,
She boils her hands, the milking stool,
And also boils the cow.

She polishes the kitchen range
With antiseptic black,
And fumigates the bit of change
The hackster gives her back;
And ere the grocer's boy into
The kitchen comes inside
She bids him steep each septic shoe
In strong formaldehyde.

She boils the cook-book ere she takes
It from the pantry shelf,
She sterilizes what she bakes
And fumigates herself.
And when she tests the pies and cakes,
Her teeth, so clean and white,

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She scrubs with stuff before she takes
Her antiseptic bite.

She scrubs the iceman's scanty dole
With prophylactic stuff,
She sprays the kitchen wood and coal
Until it cries enough.
And in the flue she has a pan
Of sulphur put a-soak,
A quite effective, novel plan
To sterilize the smoke.

So let the world of foods impure
Go wagging as it will,
My peace of mind shall long endure
When others fare but ill;
For not a germ will dare to hide
In any septic nook,
Since she has come for aye to bide:
The Antiseptic Cook! —*J. W. Foley.*

TRUE GRIT.—With his left hand torn to pieces and his forearm crushed and firmly held between the rolls of a "fodder shredder," Dr. Charles McCullough, a well-known young farmer and physician, who lives in Buckingham county, forty miles from Lynchburg, Va., cut his arm off below the elbow with his pocketknife. After freeing himself he directed the farm hands in taking up the several arteries, thus saving his life.—*Atlanta Journal Record of Medicine.*

NEW TEXAS DISEASE.—Cheer up. Don't look so down-hearted and sour. People will accuse you of having the bailey-ache.—*Atascosa County News.*

Here again grand old Texas excels. It is the only State in the Union where this new disease can exist.

Books and Magazines.

AIDS TO THE DIAGNOSIS AND TREATMENT OF DISEASES OF CHILDREN. By John McCaw, M. D., R. U. I., L. R. C. P., Edinburgh. Physician to the Belfast Hospital for Sick Children. Third edition. Wm. Wood & Co., Publishers, New York. Price, $1.25.

This little volume of 383 pages is certainly a practical, condensed work upon the diagnosis and treatment of diseases of chil-

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dren. It has now reached its third editon and the reception given it by the profession is most flattering. It has been brought strictly up-to-date and many new additions have been made in keeping it abreast with the times. Diagnosis is a difficult matter oftentimes in treating children, and a handy little work that gives you the essentials and to aid you in this difficult task is of great value, and every practitioner of medicine would do well to read carefully this little volume, as he will find much of practical value to him and it will be worth his while. Price of this little work has been placed at a very modest sum, $1.25.

ANNUAL REPORT OF THE SURGEON-GENERAL OF THE PUBLIC HEALTH AND MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1906. Government Printing Office, Washington.

We acknowledge receipt of the annual report of the United States Public Health and Marine Hospital Service for the year 1906, which gives much practical and valuable information, especially dealing with yellow fever and prevention of its spread and its outbreak in New Orleans in 1905. Management by Surgeon White.

PRINCIPLES AND APPLICATION OF LOCAL TREATMENT IN DISEASES OF THE SKIN. By L. Duncan Bulkley. A. M., M. D., Physician to the New York Skin and Cancer Hospital, Consulting Physician to the New York Hospital, Consulting Dermatologist to the Randall's Island Hospital, to the Manhattan Eye and Ear Hospital, and to the Hospital for the Ruptured and Crippled, etc. Rebman Company, New York, Publishers. Price, $1.

This little volume of 142 pages comprises four lectures delivered to practicing physicians at the New York Skin and Cancer Hospital, 1906, and is prepared especially for the busy practitioner. It gives a gist of the author's experience as an expert upon skin diseases, and he simply presents for the practical use of the profession those things he considers of the greatest importance in a particular condition. Or, in other words, he enters into no discussion of the opinions and views held by different writers in the treatment of a particular disease of the skin, but he gives what he has found from his practical experience as being the best possible remedy for that condition, and urges that the average person who treats diseases of the skin would have much better results if he became thoroughly familiar with a few remedies and combinations and could clearly discriminate when one or the other was indicated

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rather than have a vast number and use them indiscriminately. This little volume is practical and worthy and should be in every physician's library.

DISEASES OF THE LUNGS. DESIGNED TO BE A PRACTICAL PRESENTATION OF THE SUBJECT FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. By Robert H. Babcock, A. M., M. D., author of "Diseases of the Heart and Arterial System," D. Appleton & Co. Until recently Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons (Medical Department of the Illinois State University), Chicago; Consulting Physician to Mary Thompson Hospital, Hospital of St. Anthony de Padua, and of Marion-Sims Sanitarium; Fellow and former President of the American Climatological Association; Fellow of the Association of American Physicians; Corresponding Member of the Medico-Chirurgical Society of Edinburgh and of the International Tuberculosis Institute, etc. With twelve colored plates and 104 text illustrations. First Edition. D. Appleton & Co., New York and London, Publishers.

This work is certainly a practical one and from an authority. Dealing as it does with the diseases of the lungs, makes it of the very greatest importance to the profession. The universal prevalence almost of pneumonia which has appeared from time to time over the country and the constant appearance in large numbers of tuberculosis, leaving out of consideration all the other diseases of the lungs, would make the book worth its price and should be in the library of every physician. The author devotes 159 pages to a discussion of pneumonia alone and 215 pages to a discussion of the subject of tuberculosis. The work is profusely illustrated and is worthy of place in every specialist's and general practitioner's library.

Publisher's Notes.

Texas Medical News, Austin, Texas.

GENTLEMEN: With our March, 1907, pamphlet we commence the issue of a series of eighteen illustrations of dislocations, the first being bilateral dislocation of the jaw. These illustrations will complement our illustrations of long bone fractures, and the two series will make a valuable collection of the busy practitioner. Physicians who are not on our mailing list can get them free by application to Battle & Co., St. Louis.

Yours very truly,

BATTLE & CO.

COCA AND THE SALICYLATES.—J. H., Cincinnati, O., writes to the editor of *The Coca Leaf:* "Following a suggestion in *The*

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IS INDICATED IN ALL CASES IN WHICH THE PATIENT PRESENTS A CONDITION OF DEPRAVED NUTRITION

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Diet after Weaning

We have issued this book in response to a constantly increasing demand for suggestions on the feeding and care of the child between the ages of one and two years.

We believe you will find it a useful book to put in the hands of the young mother.

The book is handsomely printed, fully illustrated and is bound in cloth. We shall be glad to furnish you copies for for your patients entirely free.

A postal card with your name and address on it will bring you a copy by return mail.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

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Coca Leaf, as to the depurative action of Coca, I have used Vin Mariani to assist the elimination of uric acid, giving the wine either alone or alternating with the salicylates. I wish to express my appreciation of this remedy, which has opened a field of usefulness to me."

It is equally pleasant to record as to give kindly suggestions. Attention directed to the applications of Coca, based upon its physiological action, will indicate many uses for this remedy which will prove satisfying to both patient and physician.

The indescribably depressing action upon the stomach, often complained of by patients who take salicylates, may be obviated by using Vin Mariani as a vehicle. Fifteen or twenty grains of salicylate of soda in two ounces of Vin Mariani affords a palatable and efficient remedy in the elimination of uric acid. This dose may be found serviceable twice daily, after eating, and again at bed time if indicated.—*The Coca Leaf.*

NEW ORLEANS POLYCLINIC.—POST-GRADUATE DEPARTMENT OF TULANE MEDICAL COLLEGE.—The twentieth annual session opens November 5, 1906, and closes May 18, 1907. This school is intended for practitioners only. All instruction aims to be *clinical* and *practical*, and to this end, use will be made of the vast facilities offered at the great Charity Hospital, at the Eye, Ear, Nose and Throat Hospital, and at the special clinics to be held at the Polyclinic.

Physicians in the interior who, by reason of their isolation, have been deprived of all hospital facilities, will find the Polyclinic an excellent means for posting themselves upon the status of the science of medicine and surgery of the day.

Those desirous of perfecting themselves in any special department or of becoming familiar with the use of any of the allied branches, such as electricity or microscopy, will be afforded every facility.

For information, address NEW ORLEANS POLYCLINIC, POST-GRADUATE DEPARTMENT OF TULANE MEDICAL COLLEGE, P. O. Box 797, New Orleans, La.

AN EXCELLENT EXTERNAL APPLICATION IN RHEUMATISM.—A contributor to a contemporary of recent date gives his formula for the use of salicylic acid externally as follows:

℞ Salicylic acid .....ℨij.
Oil wintergreen .....ℨj.
Witch hazel .....ℨj.
Oil mustard .....gttv.
Alcohol .....ℨiv.

M. Sig.: For external use only. Apply at night, and in the morning if necessary.

The formula makes a clear solution. The wintergreen gives a pleasant odor, so that the most fastidious patients find no objection to its use. It does not stain the skin nor clothing, and is clean to use.

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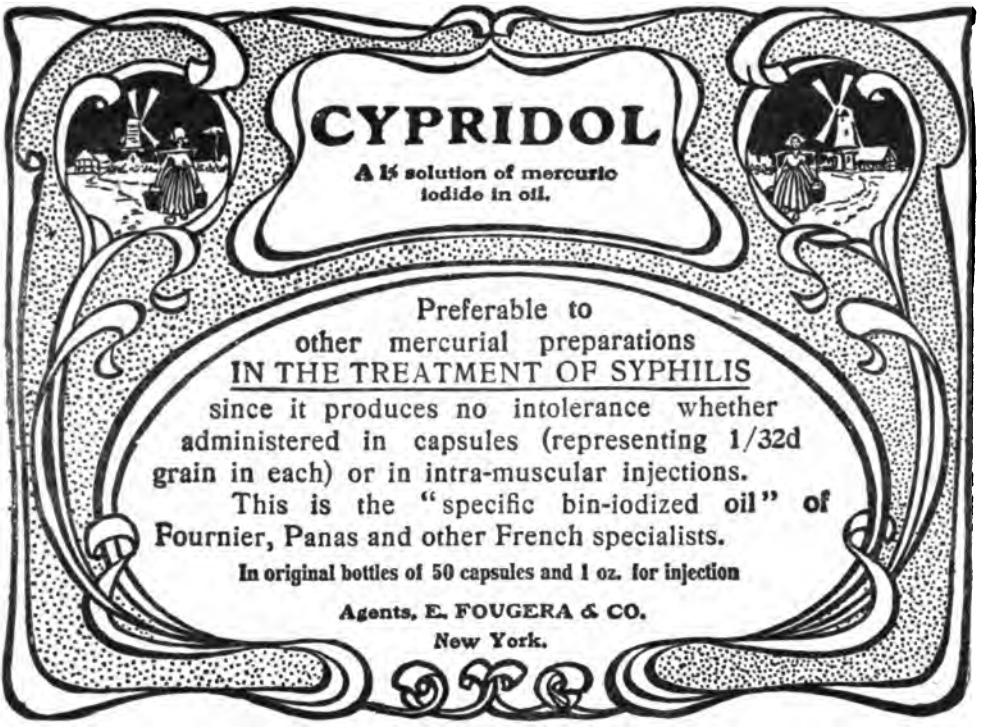
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Preferable to other mercurial preparations
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This is the "specific bin-iodized oil" of Fournier, Panas and other French specialists.
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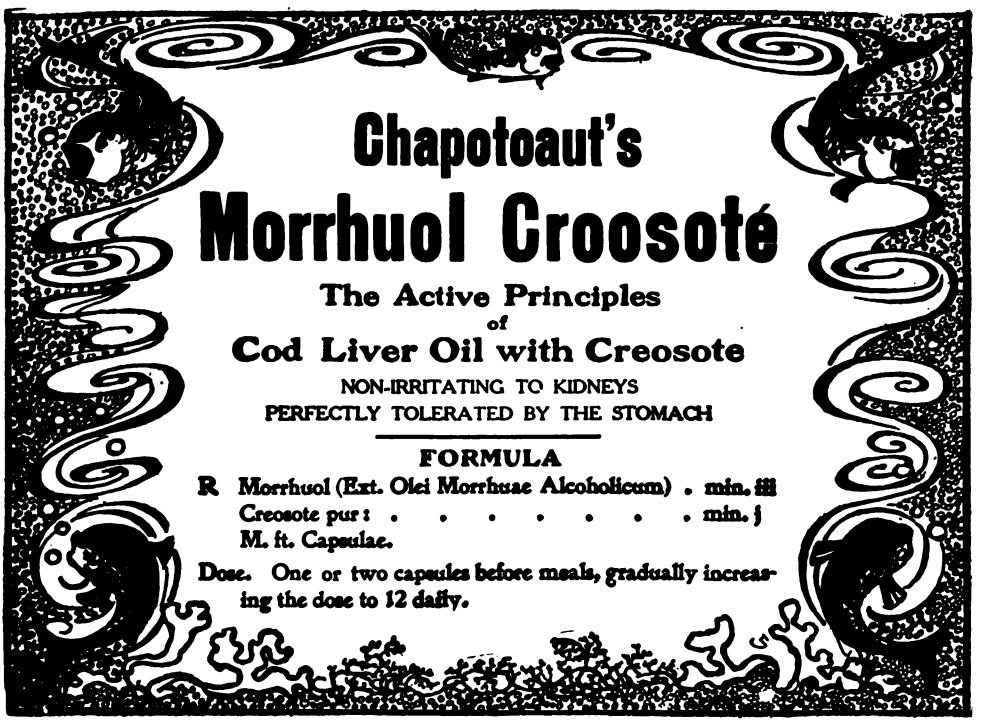
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The Active Principles
of
Cod Liver Oil with Creosote
NON-IRRITATING TO KIDNEYS
PERFECTLY TOLERATED BY THE STOMACH
FORMULA
R Morrhuol (Ext. Olei Morrhuae Alcoholicum) . min. iii
Creosote pur: . . . . . min. j
M. ft. Capsulae.
Dose. One or two capsules before meals, gradually increasing the dose to 12 daily.

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THE AMBULATORY PNEUMATIC SPLINT.—The attention of the profession is called to the advertisement of the Ambulatory Pneumatic Splint which appears on advertising page 32 of this issue of the NEWS. No doubt every physician or surgeon has from time to time in his practice cases where this ingenious mechanical device constructed strictly upon scientific principles and endorsed by leading surgeons of this country, could be made use of to great advantage to their patients. It will be worth their while to look into this and to write for descriptive literature, special prices and to thoroughly understand one of the most recent advances made along surgical lines.

An Efficient Formula for Use in Rhinitis.

BY DAILEY APPLEBERRY, M. D., ST. LOUIS, MO.

During the changeable spring weather it is no unusual matter for the physician to be called upon by his patients to treat their nasal troubles, among which the most common is, beyond all doubt, that catarrhal inflammation of the Schneiderian membrane, which is currently called rhinitis. It is that form which is not only annoying, but very often painful. Among the symptoms which may manifest themselves are pruritus as well as an accompanying anosmia, both of which are exceedingly unpleasant to those so affected. There are many practitioners who begin treating such cases by at once cauterizing the mucosa with stick nitrate of silver, with chromic acid, with the acid nitrate of mercury or even with the galvano cautery.

These are methods which are but seldom indicated and should but rarely be employed, as the results of their use culminate in scars and a disagreeable condition of the nasal cavity with the constant formation of crusts.

Not long since I had occasion to see and examine some patients affected with such catarrhal rhinitis and the appearance presented was that of an angry-looking mucous membrane whose secretion was pronounced and inclined to become purulent. In all of these the patients were ordered to take appropriate tonic remedies and for local application the following was ordered to be applied three or four times daily:

℞ Hydrar. bichlor. .....gr. ¼.
Katharmon .....ʒ vi.

M. Sig.: Use four times daily in nose.

This acted like a charm and in a comparatively short time my patients reported themselves well. It would not be a bad idea to combine white liquid hydrastis with the above; but, above all, see that there is a liberal amount of katharmon, for that is the ingredient that does the work. Those colleagues who will employ the above formula will find it among the valuable ones they possess.

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Written for The Texas Medical News.

Hepatic Therapeutics.

BY HERBERT RICHARDSON, M. D., BALTIMORE, MD.*

The treatment of the liver has to be considered from two standpoints, medicinal and hygienic. The medicinal treatment of the liver is but little understood, being confined to the use of a few drugs, the effects of which are irregular, owing to our being unable to distinguish the different pathologic conditions. Excluding the surgical diseases of the organ and those of the biliary passages, the pathology of hepatic disease can be summed up under the heading of cirrhosis, a condition which is always the result of an infection of toxemia. The hepatic cirrhoses are divided into two classes —those in which the lesions are simply a connective tissue growth,

*Original Lecturer on Neurology and Psychiatry, and Lecturer on Physiologic Chemistry at the University of Maryland; Pathologist to the Maryland Asylum and Training School for Feeble Minded Children; late Pathologist to Mount Hope Retreat.

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a simple sclerosis, and those in which the sclerotic changes are accompanied by lesions of the hepatic cell. Toxic cirrhosis may be due to an autointoxication or to a heterointoxication, the former being associated with digestive disturbances, gout, diabetes, etc., the latter exemplified by alcohol, lead or phosphorus poisoning; the one associated with hypertrophy, demonstrating the resistance and effort at compensation of the sick organ. Infectious diseases, as malaria, syphilis, etc., produce cirrhosis, usually affecting the biliary system, Hanot's hypertrophic cirrhosis being typical of this form. There are cirrhoses due to mechanical causes, as those associated with cardiac diseases.

Cirrhoses in which there is simply a growth of connective tissue do not long continue without affecting the liver cells, producing fatty, amyloid, or pigmentary degeneration, causing more or less grave derangement of cell function. During the progress of the disease they cause three modifications of function—exaggeration, diminution, and perversion. As a rule the exaggeration and perversion of function are transitory conditions; they are represented by hypertrophic toxic cirrhosis, the result of the resistance of the organ to the disease, but the overtaxed cells gradually succumb to the hyperfunction entailed, and hepatic insufficiency follows; the nature of the perversion or exaggeration controlling the precise form of insufficiency which results. Hepatic insufficiency may exist without demonstrable cell alteration; more often it is symptomatic of distinct lesions, but it means that the organ is unable to fulfill its normal functions. The functions of the liver may be divided into four groups:

(1) *Circulatory.* The liver destroys the erythrocytes, playing the part of a regulator to the composition of the blood. It holds iron in reserve, obtaining it from the destroyed cells and from the food.

(2) *Glycogenic.* The liver forms and holds in reserve the glycogen, controlling the carbohydrate nutrition; it also controlls the proteid and fatty metabolic processes.

(3) *Antitoxic function.* The liver forms urea from ammonia, forms and destroys uric acid, forms the sulphoconjugations of the phenols; it arrests and modifies toxic substances, usually by oxidation, being the organ in which the most active oxidative processes occur.

(4) *Biliary function.* The liver forms a secretion—the bile, which may be considered both an excretion and secretion, as it contains the bile salts glycocholate and taurocholate of soda, which

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are necessary for intestinal digestion, while the bilirubin and other substances are excreted into the intestine for elimination.

Of these four groups of functions it is evident that one or more may be deficient, and to treat any case it is of importance to decide which function is insufficient. Physical examination gives little or no help in the differentiation. Antemortem examination of the bile is impossible except in cases of fistula, and it is to the urine and feces that we must look for the data necessary for a diagnosis. The following are the points to be examined to determine the nature of the hepatic insufficiency; alimentary glycosuria, hypoazoturia, ammonuria, hyperazoturia, urobilinuria, indicanuria, intermittent elimination of methylene blue, the oxidation of sulphur, the conjugate sulphates, uroerythrin, and hippuric acid. The feces should be examined for fat, bile pigments, and undigested proteid.

Alimentary glycosuria, first studied by Claude Bernard, followed by Robineau, Roger, Hanot, Gilbert, Reynaud, and others, as a pathologic condition, is usually tested by the administration of 200 grammes glucose or levulose syrup. Should the urine contain sugar, giving Fehling's reaction, the glycogenic function of the liver is affected. The value of this test as evidence of general hepatic insufficiency is disputed: Roger found the test positive only in 6 out of 10 cases of insufficiency, Surmount in 10 out of 15, Bierens and Haan in 18 out of 29, Reynaud and Olmer in 11 out of 30, Maury in 16 out of 53 cases. In atropic cirrhosis Valmont found the test positive in 1 out of 7 cases, Mehring in 2 out of 9, Fredrichs in 2 out of 19 cases of phosphorus poisoning. These figures show that in hepatic sufficiency the glycogenic function is impaired in about 40 per cent of the cases, and in atropic cirrhosis in about 16 per cent.

The test for urobilin in the urine is easy and should never be neglected. The filtered urine is heated with a little ammonia and a drop or two of zinc chloride added; if urobilin be present, green fluorescent coloration occurs. A more complicated test is to saturate the urine with ammonia sulphate and dissolve the precipitate in alcohol; a reddish-brown colored solution is obtained, which can be tested with ammonia and zinc chloride solutions or with the spectroscope. The latter can also be used with the fresh urine, but is too delicate, as small quantities are detected which are not pathologic. The question as to whether urobilin is formed in the intestine or in the liver is still a matter of dispute. Hayem says that urobilin is the pigment of the diseased liver, and stated emphatically that it is never found in the urine except in cases of hepatic insufficiency. Vires considers that clinically the presence

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of urobilin in the urine is definite proof of hepatic disease, and that it is of secondary importance where it is formed; he considers urobilin the pathologic and bilirubin the normal excretion of the liver.

Indican is found in small quantities in normal urine; in excess it is associated with hypochlorhydria, sometimes with hyperchlorhydria, with the presence of pus in any part of the body, in Asiatic cholera, cancer, typhus, and constipation; it is probably of intestinal origin, but the liver takes an active part in its formation. It is present in excess in most hepatic diseases, but it is not an absolute sign of hepatic insufficiency; it should be regarded as one of the toxins which produce the disease.

The elimination of methylene blue is a test which is difficult to carry out, at least in private practice; it consists in injecting 0.05 gramme of methylene blue in one-twentieth per cent solution and watching its elimination in the urine. Under normal conditions the coloration of the urine is regular, increasing to a maximum, and then diminishing. In patients suffering from hepatic disease the coloration is irregular, alternating in depth of color. In severe cases the coloration may be intermittent.

Hypoazoturia is the result of the failure of the liver to form urea from the carbonate and the carbamate of ammonia, consequently the proportion of the total nitrogen eliminated as urea is reduced and the ammonia increased. The methods for the quantitative estimation of urea and ammonia are complicated; Follin's method is best, but tedious for general practice. Under normal conditions the amount of nitrogen eliminated as urea should be about 82 to 95 per cent of the total nitrogen; in cirrhosis the percentage of urea nitrogen may be reduced to 75 or 79 per cent; in jaundice from 50 to 70 per cent, and in yellow atrophy from 40 to 60 per cent. The urea function of the liver can also be tested by injecting from 5 to 6 grammes of ammonium acetate into the buttocks; the ammonia is converted into urea under normal conditions, but is eliminated as ammonia if the hepatic function is impaired. A certain proportion of the sulphur is eliminated not fully oxidized to sulphate; if this proportion is increased it is evidence of imperfect hepatic function, the liver being the organ in which the most active oxidizing processes of the body are carried out. The proportion of neutral sulphur to total sulphur eliminated under normal conditions is from 10 to 12 per cent; in hepatic insufficiency it may be increased to 40 per cent. This is considered by many to be one of the most important of all tests for diagnosis.

Roger and Garnier introduced a solution of dihydrogen sulphide into the rectum; under normal conditions the gas is retained by the

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liver, but in hepatic insufficiency it is eliminated by the lungs, the expired air blackening paper wet with lead acetate solution.

Uroerythrin is a bright pink color so often seen in the brick dust sediments of urine; it occurs in acute diseases of the respiratory system, in acute rheumatism, and in gout. It is probably only in the latter case that it can be considered as evidence of impaired hepatic function.

A diminution of hippuric acid is said to be a symptom of hepatic deficiency, but as only 0.3 to 0.4 gramme of hippuric acid is eliminated normally in the twenty-four hours it can not be a test of great value. The presence of small quantities of bile pigment in the urine which can be tested for very easily by means of Robins' test, is almost positive proof of a congestion of bile within the liver. The examination of the feces is not as often carried out as it might be; absence of bile or disease of the biliary duct causes the alcoholic stool and also increases the amount of fat. Especially in infancy and childhood is the pale stool of diagnostic import, it being positive evidence of an inefficient liver.

The toxicity of the urine has been demonstrated by Bouchard and his pupils. As the liver is the guardian of the body against intoxication, hypertoxicity of the urine may be considered as a sign of impaired hepatic function, but the methods at our disposal for testing the toxicity of the urine are unreliable.

There is a condition of hyperazoturia in which the examination of nitrogen by the urine is enormously increased—not those conditions of hypercritical elimination which occasionally occur owing to some retention, but conditions in which the daily average elimination of nitrogen reaches 15 to 20 grammes or even 25 grammes. In these cases the percentage of urea nitrogen may be normal or even above normal. Cases are on record in which the percentage of urea nitrogen was as high as 98. The neutral sulphur is also diminished to less than 10 per cent of the total sulphur. In these cases there is probably a hypersecretion of bile, but this is difficult to prove. On physical examination the liver is usually large, hard, and tense. This condition occurs in gross feeders, the liver being stimulated to over-exertion, necessarily followed by cell fatigue, with consequent hepatic insufficiency and atrophic cirrhosis.

In the treatment of hepatic insufficiency it has to be remembered that any one of the functions may be insufficient, and therefore it is of importance that they should be differentiated by the foregoing tests, which will show the condition of the glycogenic, the biliary, the urogenic, the antitoxic, and the oxidative processes.

There are a certain number of drugs that are used in hepatic dis-

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ease somewhat empirically, no pharmacodynamic study having been made of their action excepting in cases of natural or artificial biliary fistula.

Opotherapy of the liver has not so far received much attention. Garnot, Gilbert, and Danis claim to have had good results from the use of liver extracts in atrophic cirrhosis, they having observed an increase in the biliary urogenic, glycogenic, and probably also in the antitoxic functions. Spillman and Demange found that the albumin and urobilin disappeared from the urine. Carnot and Gilbert macerated 150 grammes of fresh pulped pig's liver in 250 cubic centimeters of warm water for twenty-four hours, and administered by the rectum with results. Gaillard and Crequy administered 150 grammes of pulped liver by the mouth, which gave good results, the active principle apparently not being destroyed by the gastric juice; but it was too nauseous for most patients. There are preparations of powdered liver on the market, but they often produce stomach trouble.

Robin has studied the action of drugs in the treatment of hypertrophic cirrhosis in its early stages. Opium in small doses diminishes the glandular and digestive secretions, and is indicated in cases in which a hyperactivity of the stomach exists. Belladonna inhibits the functions of the liver, according to Riegal, Pawlow, and Haidenhain. Arsenic in small doses has a small sedative effect upon the action of the liver, especially on the glycogenic function, but its use for any length of time is contraindicated owing to its tendency to produce fatty degeneration. Mercury in small doses is a hepatic sedative; it does not increase the formation of bile, but stimulates Auerbach's plexus. Antipyrin and the bromides are also hepatic sedatives, and are especially indicated when the urea elimination amounts to 0.5 gramme per kilogramme of body weight. They should be administered in about 10-grain doses before meals, with a little sodium bicarbonate to prevent irritation of the stomach, and should be discontinued as soon as the urea elimination has reached normal. Sulphate of copper and lead acetate are also useful in hepatic hyperactivity. Potassium iodide in doses of 5 to 10 grains per diem is valuable, but the doses must be small, as the stomach in these cases is susceptible to its disturbing action.

Hepatic stimulants are more numerous and a little better known as benzoate of soda, salicylate of soda, peumus, boldus, sodium phosphate, aloes, jaborandi, pedophyllin, and gamboge. Potassium iodide acts indirectly by dilating the blood vessels and increasing the quantity of bile according to some observers. Peumus boldum

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is given as an infusion; its principal action is diuretic, but it is also used to stimulate the liver. The action of sodium phosphate upon the liver is affirmed by Rutherford, but denied by Prevost and Binet, Baldi, and Stadelman. Aloes in small doses is a hepatic stimulant, as is also podophyllin. Jaborandi in small doses is said to stimulate the liver, as it does all other glands; in doses of 1 to 2 grains of the powdered leaves it acts upon the liver and does not provoke diaphoresis and salivation. Sodium glycocholate mass in doses of 15 grains per diem stimulates the liver cells, increasing the flow of bile, thereby removing accumulated waste products, especially bilirubin. In cases with the icteroid coloration of the skin it will clear up the complexion in a few weeks. Especially is it indicated in hepatic colic; many cases are on record where its continued use has prevented the attacks of colic permanently.

The diet in diseases of the liver is of great importance, the guiding principle being to obtain the maximum amount of nutrition with the minimum amount of physiologic work, thereby giving rest to the organ. Proteids are necessary for proper nutrition, but in much smaller quantities than generally taken. Chittenden has shown that nitrogen equilibrium can be maintained in health with an intake of about 6.0 grammes of nitrogen per day. The products of proteid metabolism-urea, ammonia, uric acid, creatinin, etc., are more or less toxic and entail considerable physiologic activity on the part of the liver as well as upon the kidneys in their elimination. Fats are for the most part absorbed by the lymphatics, only a small quantity entering the liver by way of the portal vein; except in the suppression of the biliary secretion the easily digested fats, such as cream, butter, and the vegetable oils, are well borne in moderate quantities. The carbohydrates give but little work to the liver, their end products being principally carbondioxide and water, both of which are easily eliminated.

The diet in hepatic insufficiency and hyperactivity should be moderate in quantity with a minum of proteid, say about six grammes of nitrogen per day, with some little fat administered in the form of cream, fresh butter, or olive oil, and sufficient carbohydrate to bring the total diet to about 10 calories per kilogramme of body weight. The meat should be well cooked, preferably red meat, white meats containing more nuclein; gelatinous dishes, as calve's head and feet, etc., are to be avoided. Boiled fish, avoiding those containing much fat, are allowed, but shell fish are debarred. One or at the most two eggs a day may be given, except in gall stone cases, when the cholesterin contained in the yolk may cause increased elimination by the bile. This is, however, very

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doubtful; experiments seem to prove that cholesterin is not absorbed from the intestine as such. Milk, the diet usually prescribed, is not satisfactory and should never be given except with desserts. Fresh cheese may be given and is sometimes well borne, but only in small quantities. Of vegetables, peas, beans, scorzonera, salsify, and salads are the best; spinach and tomatoes contain too much oxalic acid. Vegetable diet increases the alkalinity of the plasma and often relieves constipation, producing bulky stools. Vegetables containing sugar are only tolerated in small quantities, with the exception of Irish potatoes, which should be well boiled and mashed with butter. Toasted bread may be given, but pastry is forbidden; ripe or cooked fruits may be given sparingly. Water or very weak tea are the best drinks; the water should preferably be distilled, in which antisclerosis tablets (four to the pint) have been dissolved, this assisting in the elimination of the waste products. The total fluid taken in the twenty-four hours should be at least 1500 cubic centimeters. In severe cases all of the meat should be boiled so as to dissolve out the extractiveness; no soups or broths should be taken. Probably the quantity of the food is the greatest therapeutic agent, most patients being or having been great meat eaters.

The following prescription is of value in atrophic cirrhosis:

Strychnine sulphate .....gr. 1-60.
Pulv. folise jaborandi .....gr. 1.
Sod. glycocholate mass .....gr. 5.

Sig.: To make one capsule, t. i. d.

Nitrohydrochloric acid is often beneficial. In hypertrophic cirrhosis acetate of potash and nitrate of potash are of value in one or two-grain doses. In hepatic colic sodium glycocholate mass in five-grain doses rarely fails to prevent a second attack if taken continuously.

1907 Park Avenue.

Written for The Texas Medical News.

What is Meant by the Opsonic Index in Medicine: Opsono-Index Therapy.*

BY ALBERT WOLDERT, M. D., TYLER, TEXAS.

Since the first paper published by Metschnikoff in 1884 on the subject of what has been called "phagocytosis," a process by which certain of the white blood corpuscles (leukocytes) of the body are

*A paper read before the Smith County Medical Society, Tyler, Texas, March 12, 1907.

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endowed with the power of seizing hold of, engulfing and digesting those foreign and harmful objects known as bacteria which have a tendency to destroy the human body, an enormous amount of literature has accumulated.

Whether this process of engulfing and digesting these bacteria is due to a special selective action on the part of certain white blood corpuscles, or whether it is brought about by chemical action (chemotactic action) is not fully known, but enough is known to say that this phagocytic power, to whatever its action may be ascribed, is one of the principal factors in the preservation of the human body against disease. Such action on the part of these white blood corpuscles of the body gives rise to what is known as a "natural immunity" as contradistinguished from "acquired immunity," a condition of the system brought about by the absorption of toxic products given off by certain pathogenic micro-organisms.

In 1880 Pasteur, who worked with an attenuated virus of chicken cholera, was perhaps the first one to demonstrate the nature of acquired immunity.

As stated by Sternberg,[1] this acquired immunity depends upon an acquired tolerance to the toxic products of pathogenic bacteria. The proper treatment of diphtheria and of tetanus by antitoxins depends upon this principle of acquired immunity.

When we begin to study more closely the white-blood corpuscles of the body, we find that the leukocytes are of several varieties, the names of which are given them on account of certain shapes and staining properties of the nucleus, number of nuclei, and certain granules in their protoplasm. Further, that the different forms of leukocytes are supposed to be of different ages or different periods of growth. For instance, we have what are known as (1) young leukocytes, which are divided into (a) small lymphocytes, and (b) large lymphocytes; (2) adult (or polymorphonuclear neutrophiles, or polynuclear) leukocytes; (3) old eosinophiles; and (4) mast cells or basophiles.

In the blood these white-blood corpuscles exist in different proportions, and in health we find the percentage according to Cabot,[2] as follows: The polymorphonuclear neutrophiles or polynuclear leukocytes average 62 per cent to 70 per cent of the entire number of white-blood corpuscles; the small lymphocytes average 20 per cent to 30 per cent; the large lymphocytes 4 per cent to 8 per cent; the eosinophiles ½ per cent to 4 per cent; and the mast cells ¼ per cent to ½ per cent.

In health the red corpuscles number 4,500,000 per cubic millimeter; and the leukocytes about 8000 per cubic millimeter, or one

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white to every 500 or 600 red corpuscles. There are certain diseases which change very materially this proportion of the different forms of leukocytes, and even in health there is a relevant increase a "leukocytosis" immediately after meals and after cold baths.

Cabot enumerates all of the different physiological leukocytoses as follows: (1) leukocytosis of the new-born; (2) leukocytosis of digestion; (3) leukocytosis of pregnancy (4) leukocytosis of post-partum; (5) leukocytosis after violent exercise, massage and cold baths; and (6) leukocytosis of the moribund state.

In certain diseases we find that there is a more or less increase of the white-blood corpuscles, or in other words a leukocytosis, such as in the different form of leukemia, scarlet fever, diphtheria, pneumonia, cholera, erysipelas, smallpox, glanders, etc., while in other kinds of diseases there is a reduction of the leukocytes (leukopenia), as in malarial fever, measles, consumption, etc.

Believing that an increase in the number of leukocytes might be of advantage in the treatment of consumption, Vaughan and others for a time used nuclein, a product of the nuclei of cells, especially of the polynuclear leukocytes, which seemed to produce a slight leukocytosis which it was believed occurred principally amongst the polymorphonuclear variety. Vaughan and others believed that the germicidal constituent of blood serum was due to nucleins.[3]

MOVEMENT OF LEUKOCYTES.

If we withdraw a drop of fresh blood and place it under the microscope, we will find that some, but not all of the white-blood corpuscles, by means of pseudopodia which they project outwards from their body move themselves from place to place, constantly pulling the nuclei in different positions with reference to the body of the leukocytes.

The writer of this paper at one time saw one of these leukocytes by means of its pseudopodia surround or envelop a malarial parasite contained in a red-blood corpuscle, and can say that it is a beautiful picture to watch this miniature warfare going on.

The greatest activity of the amoeboid movement occurs amongst the polynuclear variety, and these are the most destructive to bacteria. In other words, the polynuclear variety are the soldiers on guard against the invasion of disease-producing bacteria.

THE OPSONIC INDEX.

In 1895, Denys and Leclef[4] called attention to the effect of blood serum on phagocytosis. They found that by certain experi-

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ments they could alter microbes in such a way that they could be subsequently ingested by the leukocytes. They found that an animal which had been immunized fights bacteria first by the direct action of its serum; and second by its leukocytes. In this action they found that the *serum* was the most powerful, and that the activity of the leukocytes in destroying bacteria depended upon the activity of the blood serum. This active principle of the blood serum which cripples the disease-producing bacteria so that they may be subsequently devoured by the leukocytes, has now become known as "opsonin." Besides this action the opsonins stimulate phagocytosis. The number of bacteria which may be devoured by each individual polynuclear leukocyte, it is held, depends upon the amount of opsonin contained in the blood serum. So that in order to get rid of a disease dependent upon any certain kind of micro-organism, it is held, we should strive to increase the opsonin, and leave the crippled microbes to the mercy of the phagocyting leukocytes.

The power exerted by the polymorphonuclear leukocytes in engulfing the disease micro-organisms (the number that may be taken up per leukocyte), as it occurs in a given individual during health, is compared to the number of micro-organisms per polymorphonuclear leukocyte during disease furnishes what is now termed the "opsonic index."

In 1903, Wright and Douglas introduced the word "opsonin" (*opsono,* I prepare the food for) to characterize the substance in normal serum which they believed prepared the microbes for ingestion by the phagocytes. They were able to show that this substance exists in the serum, that it is thermolabile, being destroyed at 60° C. in ten minutes, and that it acts on the bacteria and not on the leukocytes.

In 1904, Neufeld and Rimpau[5] in an article spoke of the two elements in immune sera (i. e., antitoxin and bactericidal substances), and claimed that they had found a third substance which sensitized bacteria but did not act on leukocytes. Neufeld and Rimpau treated leukocytes with antistreptococcus serum, for a certain time suspended them in normal serum and found that they did not ingest virulent streptococci. On the other hand, after treating virulent streptococci with antistreptococcus serum and then washing them free of salt solution, they found that the white-blood corpuscles could then actively ingest these sensitized microbes. They obtained corresponding results with pneumococci. They called their sensitizing substances "bacterio-trophic" sub-

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stances, but Wright and Douglas apply the name of "immune opsonins."

METHOD OF DETERMINING THE OPSONIN INDEX.

Several methods are now employed to determine the opsonic index, or the opsonic content of the blood serum.

In 1902, Leishman devised a method for quantitatively estimating phagocytosis. Later, Wright modified Leishman's method, as follows:

Wright[6] took equal volumes of (1) a bacterial emulsion in salt solution; (2) washed blood corpuscles; and (3) the serum to be tested, all of which are contained in a capillary pipette, mixed thoroughly and placed in an incubator for fifteen or twenty minutes at 37° C. A drop of this bacterial emulsion is then blown out on a slide and a smear fixed and stained. The enumeration of the bacteria in 20 to 50 polymorphonuclear neutrophiles is made under an oil immersion lens and an average number of contained bacteria per leukocyte obtained. The ratio of this average to that for a normal serum, using the same emulsion of leukocytes and corpuscles constitute the "opsonic index."

Working after this manner, Wright has obtained the normal opsonic index for staphylococci, streptococci, pneumococci, gonococci, colon bacillus, tubercle bacillus, and other varieties of bacteria.

Bowditch and his coworkers (Ditman and Bradley), working with staphylococci after placing an emulsion of washed corpuscles and blood serum in an incubator, removed portions of it at different intervals, and obtained the following results:

After five minutes there was an average of 5.7 staphylococci per leukocyte.

After ten minutes there was an average of 8.2 staphylococci per leukocyte.

After twenty minutes there was an average of 14.5 staphylococci per leukocyte.

After one hour there was an average of 28.5 staphylococci per leukocyte.

After two hours the contained bacteria in each leukocyte were too numerous to be counted.

These writers state that with practice two persons can count an average of about five slides an hour. To make an index of two or three sera to a single germ should not take more than two hours.

Simon[7] believes that certain errors might result in obtaining the opsonic index outlined by Wright, and is under the impression

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that more accurate results can be obtained by estimating the percentage of phagocyting leukocytes. By comparing the figure thus obtained with the figure corresponding to a specimen of pooled normal blood serum, terming the latter 1, an index is obtained which is directly comparable to Wright's method.

Amberg[8] describes the method of Simon and Lamar as follows: "The serum is diluted with a 1 per cent saline solution in a proportion of 1 to 20 by means of a pipette used in the counting of white-blood corpuscles. Then twice nine divisions of the pipette are put in a small glass tube. In preparing a dilution of 1 to 40, nine divisions of the dilution 1 to 20 are mixed with nine divisions of the saline solution. The tubes are then charged with bacteria directly from the agar tube. Lastly, equivalent of six divisions of an emulsion of blood corpuscles containing the leukocytes is added from a specially calibrated pipette. In this manner the total amount of fluid contained in each tube corresponds to twenty-four divisions of the pipette. The blood corpuscle emulsion is obtained in the usual way. The blood is taken up in a 0.1 per cent solution of ammonium oxalate in 1 per cent sodium chloride solution to prevent coagulation. The blood corpuscles are sedimented and washed three times with a 1 per cent saline solution with the help of the centrifuge. Finally, the supernatant fluid is pitted off as completely as possible and the sediment is stirred up. The charged tubes are kept in the incubator at a temperature of 37° C. for one-half hour. Smears are made and then stained with aqueous alkaline methylene blue, so that the red corpuscles remain unstained. Then the percentage of leukocytes which have taken up bacteria is determined. In most cases fifty leukocytes should be counted.

EFFECT OF CERTAIN CHEMICALS UPON THE OPSONIC INDEX.

Bowditch and his coworkers state that chemically opsonins may be neutralized or bound by various salt solutions, such as Ca, Ba, $MgCl_2$, K_2SO_4, $NaHCO_3$, lactic acid, and chloroform, and so prevented from acting on bacteria.

There are certain other conditions which modify opsonins, such as age, sunlight, heat, dilution, and by the drugs above mentioned.

The administration of potassium iodid produces no effect upon the opsonic index.

Huggard and Morland, in 1905, after injecting nuclein, found that the opsonic index dropped for two days and then rose above normal. These observers found that the lowest opsonic index existed in cases of tuberculosis who were heavy smokers.

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RELATION OF OPSONINS TO NUMBER OF LEUKOCYTES.

Bowditch and his coworkers, quoting from other writers, further state that as leukocytosis was almost universal in the course of infections it might be thought that some relationship might exist between the quantity and quality of the leukocytes and the opsonic content of the serum. This supposition, however, is not a fact, and the experiments of Huggard, Morland, Bulloch and Ledingham all go to prove that there is no direct relationship existing between the opsonic index and the quantity and quality of the leukocytosis.

Experiments more recently made show that the opsonins, whatever their real nature may be, exist in the blood serum, and not in the leukocytes. Opsonins are not a product of leukocytes.

The experiments of Denys and Leclef, Hektoen, Ruediger and Horton show, however, that the increase of virulence of a certain organism goes hand in hand with its resistance to phagocytosis. That is to say, when phagocytic action is below normal, the disease is more virulent.

According to this view, to remedy such a condition and to get rid of a disease, it should be the endeavor of the physician to increase or restore this phagocytic action of the leukocytes up to the normal in combating that special microbe which causes the disease.

At the present time we know that there are different kinds of bacterial antitropins, such as antitoxins, agglutinins, precipitins, lysins and opsonins.

THE OPSONIC INDEX IN HEALTH AND DISEASE.

Bulloch[9] stated that the tuberculo-opsonic index in sixty-six healthy individuals was 0.95, with a maximum of 1.20 and a minimum of 0.80. Bowditch and others give the average normal opsonic index of 0.98, with a maximum of 1.25 and minimum of 0.73. Investigators are now at work in various parts of the world endeavoring to establish the opsonic index in many diseases, such as croupous pneumonia, staphylococcic and streptococcic infection, gonorrheal rheumatism, typhoid fever, syphilis, cancer, pleurisy, chronic cystitis, acne, gout and many other diseases. These investigations may have a direct influence regarding our prognosis in these diseases.

OPSONO-INDEX THERAPY.

Since these investigations more prominently brought forth by Wright, physicians have begun to report good results in the treat-

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ment of certain diseases by this vaccine therapy and as indicated by the opsonin index. For instance, in twenty cases of very obstinate staphylococcic infection, including sycosis, boils and acne reported by Wright,[10] for which various medical and surgical measures had been used without relief, some were apparently cured and all showed a marked improvement under treatment as determined by the opsonic index. In two cases of cholecystitis with persistent sinuses, both were inoculated with sterilized cultures of the coli communis (found in these sinuses), with the result that the opsonic index rose above normal in one case to 4.0, and both of which cases showed marked improvement with closure of the sinuses.

In a case of pneumococcus empyema, Lyon reports the use of pneumococcus vaccine, with the result that the condition began to improve immediately, and the patient entirely recovered within two weeks.

Hektoen,[11] in a case of abdominal tuberculosis and another with tuberculosis of sacro-iliac joint with fistulous tracts, both were apparently cured by Koch's new tuberculin, guided by the opsonin index.

McArthur[12] gives it as his experience that in tuberculosis the opsonic index is always below normal.

In numerous cases of localized tuberculosis infection, Wright has employed Koch's new tuberculin, which consists of the communited bodies of the tubercle bacilli brought into suspension in glycerine, so that one cubic millimeter of the new tuberculin equals one milligram of tubercle bacilli powder. In these cases, consisting of tuberculous peritonitis, cystitis, glands and sinuses, lupus, etc., astonishingly good results were obtained in a very large percentage of the cases. In extensive tuberculous affections of the lungs, the results have been less promising. The dose of Koch's new tuberculin should be about 1-1000 milligram and used every ten to twelve days.

During the month of February, 1907, Ohlmacher[13] had printed a paper, in which he stated that opsonic therapy was performing therapeutic feats of the most surprising kind. Ohlmacher has employed opsonic therapy in two cases of acne vulgaris, in which at the outset the opsonic index to the pyogenic staphylococci was low, but in which the injection of staphylococcus vaccine caused a rise in the opsonic index, with improvement of the patients.

In a case of chronic furunculosis (due to staphylococcus infection) occurring in a child 2 years of age, and lasting through a period of six weeks, Ohlmacher reports that, notwithstanding surgical measures had been employed without relief, a single injec-

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tion of the vaccine obtained from culture of the staphylococcus resulted in complete recovery.

This writer also reports good results according to opsonic therapy in a case of chronic cystitis, and pyelonephrosis, in which case he had found in the pus abundant colon bacilli, and in which the phagocytic index was one-third less than the normal person. In this case the colon bacilli were cultivated, and after five injections of the vaccine the opsonic index rose in a pronounced manner, and the case practically recovered.

He also employed this treatment in a case of gonorrheal rheumatism which had lasted for four months, with the result that there was progressive betterment of the arthritis, and departure of the pain and swelling after four injections had been made.

In the treatment of these conditions it is suggested that the vaccine employed should come from the same strain of micro-organism which produces the disease. Therefore, the particular bacteria in question must be obtained in pure culture.

In presenting this paper before the Association at this time I do so only that your attention may be drawn to a new field of therapeutics which may or may not be ephemeral, which may or may not be built upon a fallacy of observation, but which field at the present time seems quite inviting, and hopeful of good results in certain diseases not now amenable to other methods of treatment.

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THE MEDICAL PRACTICE ACT.

The Medical Practice Act, as amended in accordance with the wishes of the Governor, was signed by the Governor on April 17th, which gives us in the State of Texas a one-board medical bill, but which does not become a law until July 12, 1907. We expect to give publication to this act in full in our May issue; likewise will publish the Anatomical Bill, which was passed and signed by the Governor.

THE MAY MEETING OF THE STATE MEDICAL ASSOCIATION AT MINERAL WELLS.

We again desire to remind members of the profession of the next meeting of the State Medical Association, which will be held in Mineral Wells, Texas, early in May. From what we can learn this is a delightful city for the State Association to meet, particularly so when we remember the great value of the mineral waters of that place. The members of the profession would do well to attend this meeting for a few days, if for no other purpose than to receive instruction as to the value of those waters. With such men as Drs. McCracken and Raines in charge, we may expect a most hospitable reception.

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Not only will there be a large number of splendid papers read by members of the medical profession of Texas, but we understand guests on the program on this occasion will be such noted men as the following: Dr. Fenton B. Turck, Chicago; Dr. A. H. Wallace, Fort Worth; Dr. David Booth, St. Louis; Dr. John Punton, Kansas City; Dr. Oscar Dowling, Shreveport; Dr. William Porter, St. Louis; Dr. S. A. Knopf, New York City; Dr. Denslow Lewis, Chicago.

Trusting to meet you all in Mineral Wells at the next meeting of the State Medical Association, and that our meeting will be a profitable and harmonious one, we remain,

Yours fraternally,

THE EDITOR.

CASE READING.

The physician and surgeon should not lose sight of the value of case reading in his daily work. The man who feels he knows it all and learns nothing from his text-books and best medical journals will very soon get behind in his work, but it is the man who not only puts forth his best efforts in every individual case, but who in addition calls to his assistance the best medical talent through his standard text-books and reputable medical journals, is the man who sooner or later will make much greater progress in his professional career and have the satisfaction of knowing that he left nothing undone in the management of any case which was entrusted to him. When we remember the fact that a patient is placed in our charge, that we are given full authority as to the plan of treatment to be used, we should not be unmindful of our great responsibility in each and every case, and should not hesitate to take the time, however busy we may be, and avail ourselves of the opportunity of learning all that is possible concerning the successful management of that case. Such conscientious work will necessarily redound in great good to our patients as well as to ourselves.

MEASLES.

As the season of the year is approaching when we will probably have more or less an epidemic of measles in this country, it might not be amiss to invite the attention of our readers to a few of the salient points in the management of this disease. As every one knows, it is one of the most contagious of the infectious diseases, probably with the exception of smallpox; the predisposition to its being contracted by the average child who has not already had

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the disease is about as universal as any except that of influenza. This season of the year, of course, is not a bad time for children to have the measles. We shall not refer to the sources of infection, the period of incubation, that of infection nor go into the bacteriology and the clinical types of the disease, but refer more particularly to the management of the average case, confining our brief remarks to that of treatment. As we all know, the disease must run, more or less, its course, and, therefore, treatment should be ordiarily symptomatic, having patient placed in a large, comfortable well-ventilated room darkened, on account of the light affecting the eyes, which of are, of course, congested at this time. Oftentimes the eyes need in addition some light form of treatment as some cold cream or local antiseptic water in addition to screening from the light. Troublesome cough is a very annoying symptom in some cases, which calls for some kind of treatment as codein or the Brown mixture; oftentimes bromide of sodium acts well in such cases. Fever rarely ever needs any special treatment, and if too high, ice sponging or mild doses of a safe antipyretic could be resorted to. The old practice of sweating the patient and administering hot drinks to bring out the rash should be discarded, except in rare instances, when possibly wrapping patient in hot sheets might be helpful in assisting the appearance of the eruption. The child should be kept isolated until it has fully recovered, it should not be permitted to make use of the eyes nor to go to school until it has returned to its normal condition. There are numerous complications coming up with measles, such as pneumonia, laryngitis, inflammation of the ear, diarrhea, and sometimes an involvement of kidneys, all of which require special treatment according to the complication; but the average case of measles should not be looked upon as a serious condition, and yet is one that should require careful nursing and an observance of strict rules in order to prevent, as far as possible, the possibility of any complication.

Notes and Miscellany.

THE COATED TONGUE.—L. Kast (*Interstate Medical Journal*) says that the examination of the coated tongue as an index to gastric disorders, upon which formerly so much stress was laid, has now generally fallen into disrepute. This is probably chiefly due to the lack of evidence that the condition of the stomach can affect that of the tongue, either by the direct ascent into the mouth of stomach contents (in the absence of regurgitation,

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eructation, or vomiting) or otherwise. Kast, however, has shown that such a process actually does take place. A number of patients, all of whom were free from regurgitation, eructation and the like, were made to swallow capsules containing lycopodium powder. The mouth was rinsed with water that same evening, and again the next morning. In over half the cases the mouth was found to be free from lycopodium in the evening, but to contain it next morning. The conclusion may fairly be drawn that in some cases stomach contents may gradually wander up the esophagus into the mouth and form a coating on the tongue. In these cases the condition of the tongue may fairly be assumed to represent that of the gastric mucosa.—*Med. Age.*

THE Arab's way of taking castor oil (*Journal de Med. de Paris*) is to pour a half ounce slowly by drops into a glass of milk, set on stove and heat while stirring. In a few minutes a perfect emulsion is formed, and to this some syrup of orange flower is added. Administered in this way the oil seems not only more palatable but also more active.—*Lancet-Clinic.*

"I AM very much bothered. I can marry a rich widow whom I don't love, or a poor girl that I do love. What shall I do?"

"Listen to your heart and marry the one you love."

"You are right, my friend. I shall marry the girl."

"Then can you give me the widow's address?"—*Fliegende Blätter.*

BUTTERMILK AS AN INFANT FOOD.—August Strauch states that buttermilk has been proven to be one of the best dietetic remedies for gastro-intestinal disease of children, according to the extant medical literature of Germany. Sour buttermilk, however, is not to be administered in its raw primary state, but should be more or less modified. According to Rubinstein's studies, pathogenic bacteria (of diphtheria, typhoid, tuberculosis, *Bacillus pyocayaneus*), as a rule, gradually perish spontaneously in buttermilk. The acidity of the food promotes tryptic digestion. The digestibility of the nitrogenous substances of buttermilk lessens the work of the glands of the stomach and intestines. No absolute rules can be formed for the indications for the use of buttermilk.—*Medical Record.*

A NEW X-RAY TABLE.—M. S. Kakels describes a new X-ray table devised by him, which allows of the transmission of the rays from below, while the patient is lying in a horizontal position for fluoroscopy, radiography, or radiotherapy. It allows us to examine

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by the rays patients that are unable to stand up. There are two tops, one of wood, the other made by covering a frame with canvas, which allows of the preparation of the rays without any resistance. A detachable compression apparatus is placed below the wooden top, which can be readily moved to any position without disturbing the patient. The Crooks' tube carrier is placed under the table moving backward, forward, or sidewise. This is carried in a car that is lined with opaque material and lead glass, so that the rays will not affect the operator. A mirror is so placed that the tube is always in view.—*Medical Record.*

A CERTAIN gushing lady took her 4-year-old daughter to a photographer. The little one could not be made still. The camera man was as nice and suave as he could be, called the child all the sweet, endearing names he could think of, while using every device of gentle persuation to make the little wiggler keep still. Finally he turned to the despairing mother and said:

"Madam, if you will leave your darling with me for a few minutes, I think I can succeed in taking her lovely face to perfection."

The mother withdrew for a short time. Soon the photographer summoned her back and exhibited a highly satisfactory negative. When they reached home the mother said:

"Nellie, what did that nice gentleman say to you when I left you alone with him?"

"Well, he thaid," lisped Nellie, "'f you don't thit sthill, you ugly, squint-eyed monkey, I'll thake the life out of your trembling carcath.' Then I that very sthill, mamma!"—*New York Tribune.*

TREATMENT OF THRUSH BY A SUCKING BAG.—Escherich takes a tampon of aseptic cotton, impregnates it with powdered boric acid and a little saccharin, enclosing it in a silk or cambric sac, sterilized, and places in the infant's mouth. Under the influence of the sucking the boric acid slowly dissolves and so has a direct and continuous action on the saccharomyces albicans. If the fungus growth is extensive this treatment may be supplemented by buccal irrigations. A very prompt cure results.—*Med. News.*

A $75,000 SUIT.—The College of Physicians and Surgeons of San Francisco has entered suit against Dr. Dudley Tait, erstwhile President of the Board of Medical Examiners, and Dr. Philip Mills Jones, editor of the *California State Journal of Medicine,* for slander and libel. These gentlemen will be afforded every oppor-

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tunity to prove the assertions they have made regarding the college or take the consequences.

AND THEN THEY KISSED.—"My face is my fortune, sir," said the pretty summer girl.

"And mine is, too," said the handsome summer man. "Let us put our fortunes together."

—*Lippincott's.*

THE HAND OF IRON IN THE GLOVE OF RUBBER.—Robert T. Morris says that rubber gloves lead to slow work, which further reduces the natural resistance of patients. He declares that what the patient needs is simple, quick work, which merely turns the tide of battle between bacterium and phagocyte. We need discrimination more than we need rubber gloves. Rubber gloves, the writer says, may be useful in cases in which there is no infection of other disease to call out the patient's natural resistance to infection in cases in which dressings are to be changed for several patients in succession, or when the surgeon operates upon an uninfected patient shortly after operation upon an infected one. Rubber gloves are not needed—or worse than that—in cases in which infection is already under way, when a disease like cancer has already called out such a degree of protection that a breast could be amputated and primary union obtained under "well-waxed shoemaker's thread" that had been held in the mouth, or when no infection or other disease is present, but where slow operating in gloves will allow more bacteria to fall in to the wound than would be carried in by well-prepared bare hands.—*Medical Record.*

CONSIDER THE PROVOCATION.—"What's the trouble here?" asked the police lieutenant, who, with half a dozen strapping bluecoats had responded to a riot call.

"It's a scrap in that bird store," said a bystander, "Something fierce, too. The dealer was trying to sell a stork to an apartment house janitor."—*Ex.*

CRIMINAL ASPECT OF VENEREAL DISEASES IN CHILDREN.—W. Travis Gibb has examined over 900 children from 8 months to 16 years of age for alleged assault, rape, sodomy, etc. The occurrence of these crimes against children is much more common than is thought, owing to the crowding of tenement houses, the superstition and dense ignorance of the foreign population, and the

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brutality, perversion, and intemperance of the perpetrators, combined with the precocity and low moral standard of the victims. Of the children examined, 800 were for rape, and 100 for sodomy, indecent assault, and other unnatural crimes. In 33 per cent there was no physical evidence of violations, in the form of lacerated hymen, contusion, excoriations, or discharges. In 50 per cent of the cases, there was evidence of penetration with a blunt object. Thirteen per cent of those examined were suffering from venereal disease, confirmed by finding the gonococci in the discharge. Two and one-half per cent had chancroidal ulcerations, and only two or three had syphilis. The older girls who had venereal diseases had to be sent to hospitals where they met the most hardened criminals, and learned all that was possible that was evil.—*Medical Record.*

CHARITY.—A physician in this vicinity, says *Boston Medical and Surgical Journal,* was recently called to a family which he found in such destitute circumstances that he gave, in addition to his prescription, a five-dollar bill. Happening in the next day, he discovered that his gift had been thus spent: Three dollars to the priest, and two dollars to get another doctor.

A SAD DISAPPOINTMENT.—A verdant-looking old fellow recently entered the office of a down-town "Woman's Exchange," and after a moment's hesitation inquired of the lady in charge, "Is this here the Woman's Exchange?"

"It is," replied the lady.

"Well," continued the countryman, somewhat sheepishly, "I'd like to swap off my old woman fer 'most anybody you happen to have on hand."—*Margaret Buckingham Yeates, in Lippincott's.*

OBSERVATIONS ON THE TREATMENT OF TUBERCULOSIS IN ARIZONA.—Isaac W. Brewer makes a plea for more care in selecting tuberculous cases to be sent to Arizona, and urges that only such be sent as have means to secure proper food and comforts. Such being the case, the patient has a better chance for recovery than in any other part of the country. He gives a concise statement of the advantages and possibilities of the different health resorts of the State. The cost of living is great, and the chief cause of failures to recover is the sending of cases that are too far advanced, and the lack of money to buy proper food and to secure comfortable accommodations. From improper conditions patients become despondent, and there is a great lack of congenial society,

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and of forms of entertainment. It is not possible in most instances to rough it even in this climate, and exercise, especially on horseback, is not desirable in the high altitudes where towns are situated. The well managed tent colonies are the most favorable places for treatment. There are such at Yuma, Phoenix and Prescott. There is little employment that can be secured by consumptives. Incipient and early cases only should be sent.—*Medical Record.*

A MARK TWAIN STORY.—Mark Twain once received a letter from his brother, who complained that he was afflicted with a boil and the jumping toothache at the same time, and inquired if he had ever heard of a worse combination.

"No," wrote the sympathetic "Mark," "and I can imagine only one that might be worse—that would be to have inflammatory rheumatism and St. Vitus' dance at the same time!"—*Elizabeth Brownell in Lippincott's.*

THE DRIVEN DOCTOR.—Paris crows over her countess cab-driver, but the following comes back home to us by way of the *British Medical Journal,* which declares it occurred in the land of the free and the home of the brave. A Baltimore doctor was called up one night by a man who urgently requested his services about three miles in the country. The night was very bad and the doctor begged off till morning. The man was insistent, and the doctor was about to telephone for his horse when the man asked the fee. The doctor said $3, which was satisfactory, and the horse was called. They both jumped in and started off through the wind and rain and mud. Arrived at the house of the supposedly dangerously sick patient, the man alighted first, handed the doctor $3 and said he needn't mind getting out in the rain, as it was only a ruse anyhow, as he couldn't get a hackman to bring him out for less than $6, and he didn't have that much left. There is in this brief tale a bitter moral. The doctor is expected to be at the beck and call of any one at any hour of the day or night and in all kinds of weather. He is also expected to accept a fee which an ordinary workman would scoff at such a night. The worst of it is that the doctor is so often fool enough to take it all in. This reminds the writer of having been rung out of bed one cold winter night with the request of a loan of his bath tub, as there was a colored "gemmen" down the alley who was dying and wanted to be immersed in.—*Gaillard's Southern Medicine.*

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Abstracts and Selections.

Wright's Latest Opsonic and Bacterial Vaccine Work.*

BY GERALD BERTRAM WEBB, M. D., COLORADO SPRINGS, COLO.

In 1903 Wright and Douglas showed that the leukocyte by itself was impotent to attack bacteria, but that the blood plasma contained some substance (named by them Opsonin) which prepared bacteria for the phagocytes to devour them.

Bullock and Western, following up this discovery, found that the blood fluid contained a separate opsonin for each variety of bacteria.

For instance, they found that a patient's blood may contain only half the normal quantity of opsonins necessary to combat a tuberculous infection such as lupus vulgaris, and yet contain a normal amount of opsonins to combat staphylococci as in furunculosis.

Added to our known substances in the blood which are antagonistic to bacterial life, such as agglutinins, bacterial substances and bacteriolysins, we now have opsonins which are the connecting link to Metchinoff's phagocytic ideas.

The amount of opsonin is measured by incubating together an equal quantity of a patient's serum, with an equal quantity respectively of washed leukocytes from a normal individual's blood and an emulsion of specific bacteria in a capillary tube.

After an appropriate time this is removed and the contents spread on a glass slide and stained. The number of bacteria taken up by each leukocyte can now be counted and the average compared with that of a healthy person's serum. This ratio is spoken of as the "Opsonic Index."

Wright has rapidly extended this discovery to the aid of diagnosis and as a guide to the treatment of many microbic diseases. A few examples of the first culled from work seen and performed in his laboratory at St. Mary's Hospital, London, will show the values.

Taking I as the opsonic index of the normal individual, healthy variations and variations for error are allowed from .8 to 1.2. In

*The writer desires to acknowledge his indebtedness to the publications of Wright and Douglas, and of their corroborators, Bullock and Ross, in the compilation of this paper, and wishes especially to acknowledge his indebtedness to the kindness of Professor Wright and his co-workers whilst working in his laboratory.

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the case of tubercle an index below .8 means a person either has tuberculosis or is a candidate for it. Similarly, above 1.2 indicates that disease. A fluctuating index, say .5 one day and 1.3 another, is positive evidence.

Also normal serum when heated to 60° C. for ten minutes should lose all its opsonic power; should it not do so, to tubercle is another evidence of that disease.

Should a patient have a sinus, or peritonitis with effusion, and the question of diagnosis arise, the opsonic index to tubercle of the blood differing from that of the pus or ascitic fluid would be proof that tubercle was the cause.

A case of Wright's now classical is worthy of repetition:

Male patient with ascites and grave constitutional disturbance, age 30:

First examination—

TUBERCULO-OPSONIC INDEX.

Blood from finger—serum.....1.05
Ascitic Fluid ..... .99

Both being approximately the same and within the allowed variations above mentioned, report was given that patient was not suffering from tubercular peritonitis.

The clinical symptoms, the age and appearance at operation being in contradiction of this verdict, patient was again examined.

TUBERCULO-OPSONIC INDEX.

Serum 1
Ascitic Fluid 1

With this result the previous verdict was sustained. A post-morten examination in a few weeks threw doubt on the verdict, the naked eye appearances of the pritoneum signifying miliary tuberculosis. Microscopical sections revealed, however, typical miliary carcinoma. No primary carcinomatous focus had been discovered, though it was sought for on post-morten examination.

Whilst I was working in the laboratory, a physician who had been "cured" in an English sanatorium for phthisis came to learn the technique of this opsonic work.

As is usual with beginners, he was put to work estimating his own opsonic powers to different bacteria. Coming to estimate his tuberculo-opsonic index, he found it about 1.4. On one occasion a few days later, .6.

This raised his suspicion that, in spite of the absence of all

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physical signs, he was not "cured," and after several efforts he succeeded early one morning in raising a little sputum which examined showed tubercle bacilli.

I was asked to examine a college boy and to decide the question of his exercise and of his career, his father once having had tuberculous glands.

I could find no evidence of tubercle infection, though one lung apex was perhaps less resonant than the other, and one testicle was atrophic following an orchitis, presumably resulting from a saddle bruise when 13 years of age. The tuberculo-opsonic index at weekly intervals I found to be

1.7
1.4
1.33
and lastly .8
and with heated serum .16.

Consulting with Sir Almroth Wright, he agreed that the lad must already be a victim, and appropriate steps should as once be taken.

An additional value of the opsonic index of special value to us in Colorado has been worked out in reference to the effect of exercise in tuberculous patients.

An example I watched among the out-patients was that of a man who pierced his ankle some years before with an old bone thrown out by a butcher for manure. The patient had had a discharging sinus, on and off, ever since. His index 1.31 indicated the tuberculous nature and he was allowed to walk and the blood examined as follows:

TUBERCULO-OPSONIC INDEX.

Before walking	.9
One-half hour after walking	.88
Two hours after walking	.64
Four and three-quarter hours after walking	.8
Ten hours after walking	.94
Twenty-one hours after walking	1.25

This showed that he had "inoculated" himself from his focus of disease and had created, as will be spoken of later, a "negative phase," as shown by the drop of his index to .64 and a later positive phase by the rise to 1.25.

It is this self-autoinoculation which is so unfavorable and detri-

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mental in all cases especially of tubercle, and which we seek to avoid by keeping our phthisical patients at rest.

A case I was asked to take care of in London illustrates this: A woman with initial phthisis did very well with rest and inoculation treatment, all rales and cough disappearing and weight being gained. After six weeks I allowed her to get up, her tuberculo-opsonic index keeping normal. However, from time to time I kept watch on this index and one day I found it .5 before exercise, .7 after exercise, and the next day 1.64. In spite of absence of physical signs I insisted on patient again keeping her bed, and after getting the fluctuating index quiescent, I again started inoculations.

These cases lead us to the consideration of the application of the opsonic discovery as a guide to the treatment of microbic diseases.

A short historical review will be necessary to clarify the miracles Wright has performed by his administration of bacterial vaccines guided by the opsonic index.

Complicated phenomena follow upon the invasion of man's body by pathogenic microbes. The microbe uses offensive weapons to enable it to remain, the body develops defensive tactics in its effort to eject or destroy it. The offensive weapons of the microbe are:

1. Poisons excreted by it (exotoxines) which pass into the blood, whilst the microbe remains localized.

2. Poisons set free after dissolution of the microbe (endotoxines); of these two, the latter are commoner and more potent.

The defensive weapons of the body are the manufacturing somewhere of protective substances which enter the blood stream and which can be demonstrated and measured. Ehrlich showed that before a bacterial intoxication happens, the poison must enter into chemical union with some cellular element in the body.

Wright has christened bodies so formed "Tropines" (meaning turning toward and entering into chemical combination with). For instance, tetanus toxine enters into chemical union with nerve cells and is therefore "neurotropic." The invaded body responds with the development of anti-tropic protective substances. These vary in amount and specificity. In some diseases they can produce a long immunity, in others only transient. This immunity can be induced artificially before infection, so that it is possible to escape some diseases. Jenner started it, and Pasteur, Behring and others continued. As we know it has succeeded in smallpox, rabies and diphtheria. Wright has carried it further to typhoid.

But greater even is the importance of curing after infection, and

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that brings us to Behring's diphtheria antitoxin, and thence to Koch's work in tubercle, and last to Wright's principles, which have opened up entirely new fields in the treatment of microbic disease.

Wright works on the principle of curing an infection by material obtained directly from the infecting virus, and this he calls a bacterial vaccine.

His definition of a bacterial vaccine is, "any chemical substance which when introduced into the body causes there an elaboration of protective substances." By means of these vaccines he has shown they produce antitropines which can be accurately measured, and that they follow a definite course which he calls "the law of ebb, flow and reflow, and subsequent maintained high tide of immunity."

The ebb is his "negative phase," which follows on the invasion of the body by bacteria *or their products,* and is equivalent to a decrease in the protective substances, perhaps due to changes in the mechanism of production. This negative phase is a period of increased susceptibility to infection, and hence the amount of it is of the greatest importance. Later comes the flow or positive phase, due to increased production of protective substances when the bacteria become destroyed. Then comes the reflow when these antitropines diminish but still keep above the level at the start and equivalent to the maintained high tide.

To use "vaccines" successfully one must time their administration so as to keep patients in the positive phase condition, for if given at incorrect time it is possible to achieve accumulation in the direction of the negative phase, attended with disastrous results as above indicated.

Such disasters attended so often the use of Koch's tuberculin, and nowadays perhaps frequently the administration of so-called antistreptococcic sera which Wright has shown to be but "vaccines" in disguise.

The vaccines employed are usually made from cultures of the microbe from each individual case, suspended in salt solution and killed by heating at 60° C. for one hour.

A partial summary of the more important bacterial infections that have been investigated by opsonic methods and have yielded to therapeutic inoculations by appropriate vaccines safeguarded by the opsonic index are:

1. Due to staphylococcus pyogenes: Furunculosis, sycosis, acne.

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2. Due to bacillus coli communis: Cystitis, many local affections, appendix and biliary sinuses.

3. Due to gonococcus: Gleet, gonorrhea, gonorrheal rheumatism.

4. Due to pneumococcus (Fraenkel): Empyema, cystitis, antrum, suppuration.

5. Dne to bacillus pyocyanus: Mastoid cases, etc.

6. Due to Friedlander's bacillus: Atrophic rhinitis, empyema of antrum.

7. Due to proteus bacillus: Cystitis.

8. Due to micrococcus Melitensis: Malta fever.

9. Due to Lepra tuberosa: By use of tubercle vaccine.

10. Due to streptococcus pyogenes: Malignant endocarditis, pyemia.

11. Due to bacillus tuberculosis: All cases of strictly localized tubercle, especially of lymphatic glands (of which not a case has failed to be cured), subcutaneous tissue, skin, bones, joints and many phthisis cases.

I have seen many examples of most of these mentioned cured, and others fast healing in Wright's clinic, and can accord with his statement that "we have, in the power of raising the antibacterial power of the blood with respect to any invading microbe, out of all comparison, the most valuable asset in medicine."

A word in conclusion in regard to the application of these methods to phthisis. To make a pertinent digression, Wright found he could not cure cases of lupus until he had first removed the inflammation due to staphylococci. This he accomplished by the appropriate vaccine and then the tubercles healed. An analogy would seem to me to be present in the cure of phthisis, and some corroboration is present in the fact that initial cases due to pure tubercle vaccine to better do its work.

Lawson and Stewart, working with tubercle vaccine (Koch's new T. R.), found it absolutely impossible to judge the correct and opportune times to inject this, apart from the opsonic index in the phthisical patients in their sanatorium.

The plan of campaign to be followed then with our phthisical patients is to first transform a general infection into a local one by rest and so preventing autoinoculations which are unmeasured, ill-timed and detrimental.

Measure the opsonic index to tubercle, pneumococcus and any other micro-organisms which might be present, such as "catarrhals" or "staphylococci," and at opportune times inject our corresponding vaccines.

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DISCUSSION.

Dr. William C. Mitchell: I have listened with a great deal of interest to this paper. I would like to say, that ten years ago Dr. Webb commenced his bacteriological work with me in the laboratory, and I am very glad indeed to get this message, ten years later, from Europe.

As to the term opsonic index, it comes from the Latin word opsono, opsonere meaning to prepare a meal of food for, and opsonins are those substances in the blood which act on the bacilli and enable the phagocytes to englobe them and digest them, so that opsonic index work is regarded as the latest phase in the subject of phagocytosis, and it has a great bearing on the subject of immunity.

As mentioned in the paper, we know there are only a few pathogenic bacteria which secrete a soluble toxin. These organisms remain localized; the soluble toxins are carried through the system and thus do their damage. These two organisms are the diphtheria bacillus and the tetanus bacillus. It is very easy to make antidotes for those two diseases, because by inoculating soluble toxins in animals we get corresponding antidotes of these diseases. When we come to consider the other great pathogenic organisms, such as the tubercle bacillus, the pneumococcus, the streptococcus pyogenes, they belong to another group, a group known as endotoxins, and no man has yet been able to separate these toxins from the bacilli themselves, so that we can not make an antitoxin or antidote for those diseases as yet. However, Dr. Wright has opened up a new line of investigation by which an attempt should be made to elaborate the opsonins to act on the bacilli themselves, so that they may be englobed and digested by the phagocytes. These opsonins are present in normal serum, and can be materially increased by immunization, and, it seems to me, that again is another reason why we should look forward eventually to getting antitoxins for such diseases as tuberculosis and the streptococcus infections.

As was mentioned in the paper, the opsonic index is of great value as an indicator as to how these various vaccines should be used. We have very often discordant results with reference to the treatment of disease by antistreptococcic serum. Wright has shown that if we inject a culture of the streptococcus pyogenes into a healthy individual, it is followed by a marked decrease in opsonin, and corresponding with the decrease of opsonin is Wright's negative phase, and corresponding with the increase is Wright's

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positive phase. According to Wright, if we inject streptococcic vaccine into a patient in the negative phase, we add just that much to the patient's burden and endanger his life that much. If we inject the positive phase when there is an increase in the opsonins of the blood, we increase the chances of combating bacteria and to the recovery of the patient that much.

The method of determining the opsonic index, as has been said, is by taking an equal portion of buillon of the bacterium and an equal portion of the serum to be tested, and an equal volume of washed leukocytes. These are placed in an incubator for half an hour, and then it is centrifuged, and the leukocytes carefully examined for the number of bacteria which they contain. That gives the opsonic index for healthy blood, and any deviations which a patient's blood may exhibit from this are minus or plus, as the case may be.

The opsonic theory has been brought forward to explain a very difficult phenomenon in medicine with which we are all familiar, and that is, how the opening of the peritoneal cavity sometimes and admitting air will cure cases of tuberculosis of the peritoneum. It has been brought forward by Hektoen and others, who say that opening the peritoneal cavity and admitting air changes the opsonic index from minus to positive, and this enables the serum of the patient to act on the tubercle bacilli and let them be englobed by the phagocytes.

Dr. R. C. Cabot, of Boston: I feel that I owe an apology to the society for trespassing upon its time now. However, there are two points that impress me in connection with this work. First, extreme difficulty of the technique. Any one who has attempted it at all will have a sober respect for these difficulties; not that it is in any way impossible, but from my own experience I have sat down and worked for several hours before I was prepared to do anything in opsonic technique. The other point is that this is homeopathy, pure and simple. Opsonic work is homeopathy and nothing else. It is like cures like, and that the toxin of the disease administered at the right time helps to cure the disease.—*Colorado Medicine.*

American Medical Editors' Association.

The thirty-eighth annual meeting of this Association will be held at Atlantic City on Saturday, June 1st, and Monday, June 3d, with headquarters at the Marlborough-Blenheim Hotel. This active Association now numbers nearly 150 members, with many applications in hand for action at the coming meeting. An inter-

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esting program has been prepared, and the following are among papers to be presented:

The President's Address—"The Future of Medical Journalism," by Jas. Evelyn Pilcher, M. D., Ph. D., LL. D.

"Shortcomings of Physiology, the Chief Obstacle to Medical Progress, the Need of Editorial Intervention in Such Questions," by C. E. de M. Sajous, M. D., Philadelphia, Pa.

"How Can We Make Medical Journalism Better? a. For Our Readers. b. For Our Advertisers. c. For Ourselves." By W. C. Abbott, M. D., Chicago, Ill.

"A Word or Two From An Ex-Journalist," by Samuel W. Kelley, M. D., Cleveland, O.

"The First Medical Journals," by O. F. Ball, M. D., St. Louis, Mo.

"The Psychology of Medical Journals from the Reader's Standpoint," by T. D. Crothers, M. D., Hartford, Conn.

"Further Reflection on the Official Versus Independent Medical Journals—One Year's History," by Wm. J. Robinson, M. D., New York City.

"Journalistic Suggestions from a Semi-Disinterested Standpoint," by Wm. Porter, M. D., St. Louis, Mo.

"The Situation," by C. F. Taylor, M. D., Philadelphia, Pa.

"Some Aspects on Medical Journalism," by W. F. Waugh, M. D., Chicago, Ill.

"The Neglect of American Mineral Springs and Climatic Resorts by Our Medical Press," by G. T. Palmer, M. D., Springfield, Ill.

"A Few Feeble Remarks," by W. A. Young, M. D., Toronto, Ont.

"The American Medical Editors' Association—Past, Present and Future," by Joseph MacDonald, Jr., M. D., New York City.

On account of the largely increased membership of this Association, it is anticipated that the coming meeting will exceed any prior meeting in point of attendance.

The annual editors' banquet which is always the social event of the week will be held at the Marlborough-Blenheim Hotel on Monday evening, June 3d.

J. MacDonald, Jr., Secretary,
92 William Street, New York City.

Occupational Dusts.

The American Institute of Social Service has received from Dr. Sommerfeld, a physician and scientist of Berlin, a valuable anti-

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tuberculosis exhibit for the department of industrial hygiene in its museum of security. There are forty-five vials containing as many different kinds of dust, mineral, animal and vegetable, produced in our various industries. The same number of photographs show how these various dusts appear under the microscope. Extremely realistic models in wax, colored to life, represent human lungs as they are affected by occupational dusts, other models show normal lungs for comparison; while still others show the effects of industrial poisons on the system.

At the meeting of the Executive Committee of the American Institute of Social Service held at the Players' Club as the guests of Mr. Richard Watson Gilder, announcement was made that the *Scientific American,* through a desire to co-operate with the work of the institute in promoting an American Museum of Safety Devices, would give annually a gold medal to be awarded by the institute for the best device for preventing accidents.

An advisory committee of the editors of the great technical papers was organized to co-operate with the institute in the work of protecting life and limb. As at present constituted the advisory committee consists of fourteen representatives from the *Scientific American, Iron Age, American Machinist, Railway and Locomotive Engineering, Automobile, Electrical World, Street Railway Journal, Dry Goods Economist, Electrical Age, Railway Gazette and Engineering and Mining Journal.*

The Doctor's Duty.

BY HENRY B. HEMENWAY, M. D., EVANSTON, ILL.

A match is a little thing. The breath of a babe may easily extinguish it. But when the flame of the little taper has been communicated to the house, and from that to adjoining structures, the conflagration may have become so great that the entire city fire department is unable to cope with it, and its destructive fury can only be stayed when its fuel is well-nigh exhausted. The fire department does not deserve credit so much for finally mastering a fire as for quickly preventing an extension of its ruin. So a doctor does not deserve so much credit for bringing his patients through long illnesses as he does for shortening the time and preventing the spread of the disease.

In looking through my old note-books the other day I came upon a quotation from my preceptor, the venerable Dr. N. S. Davis: "The difference between doctors is not so much in the

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medicines they give as in the looking ahead." This difference is seen more markedly in the country districts than in the cities. I am often tempted to believe that in the country districts a man is more likely to be correctly estimated. Aside from the fact that in the country he is a more prominent figure, he must rely more upon his own resources. In the city his life is largely moulded by the acts of his brothers.

The practical point in the foregoing remarks may be illustrated somewhat as follows:

There are causes of disease. A person does not become ill without reason. The very first duty of the doctor is to discover the cause of the disease and check its further operation.

It is very rarely the fact that an entire family or community is stricken at one time by a disease. First one and then another may take to their beds until all may have yielded to the morbific influence, but if so it is no credit to the medical advisor.

We are sometimes called "Doctors." That means "Teachers." We should *teach* our patrons *health*. If necessary we must use authority.

Typhoid is a disease about which we know considerable. It generally is taken into the system through food. It may be by direct contagion. The water supply is a frequent means of contaminating the food. In the treatment pure air is an essential.

In the light of all this, what must we say when a man reports that in a little cabin on a certain night there are four typhoid patients, all very sick, the corpse of another, and twelve other people who are liable to become victims? Five of these people are smoking; and "the air is redolent with the odor of death, carbolic acid and cheap cigar smoke." What was the doctor doing? Whence came the poison, and what steps were taken to prevent sickness? Why did he permit such pollution of the air? Was he a doctor, a man with a big heart, a cool head and plenty of backbone; or was he simply an apology for the real thing? Deserve credit for saving four out of five? No! He deserved censure, probably that three out of five were sick.

More than a score of years ago I went to examine a place in which five cases of diphtheria occurred, with two deaths. I found a ditch dug up to the back door and filled with black filth. On the other side of the ditch and but a few feet away was an open well from which the water supply of the family was derived. I at once suggested the filling of the ditch and well, along with certain other changes. The mother replied, "Next week?" I said, "Today!" "I can not do it today. My little girl has just died."

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"Next week," said I, "your whole family may be sick or dead. To-day, *this morning,* you *must* do as I say." I had the authority, and she did as I said and no more cases occurred there.

The country doctor is not a man to be pitied or patronized. The princes of the profession are there. They may not have the aid of professional masseurs and trained nurses, but it is easier for them to obtain for their patrons fresh air, sunlight, good food and water and quiet. Emphatically I am not a "Therapeutic Nihilist!" I believe in the efficacy of remedies and all the trained and educated help. Above all things, however, I want nature's remedial means above enumerated.

The country doctor has an opportunity for doing good far greater than the average city practician. He must prevent disease by teaching the laws of hygiene. In his work he must not be too theoretical. He must use plain English and homely illustrations. Pardon one more personal incident to show exactly what I mean.

A nursing mother had a sick child. Examination convinced me that the fault was in the mother's milk. She was eating freely of meat and potato and drinking tea and coffee. I tried to give her suggestions as to diet. At last she understood when I said, "When we wanted our cow to give more milk we gave her plenty of bran; and to make more cream we added cornmeal or oats. You must eat more of the grains, like oatmeal, wheat, breakfast foods and cornbread. You have been feeding your cow too much hay." —*Medical Council.*

A Practical Method in Colles' Fracture.

BY J. M. SMITH, M. D., VALDOSTA, GA.

It is almost a daily occurrence that we are brought face to face with surgical complications in which we have to either rely upon our own ingenuity or be governed entirely by our experience. In the management of such cases the text-books are greatly at fault in this particular, inasmuch as they fail to point out the little things on which the outcome of the case so largely depends.

In order for one to become proficient in any line of work it is not necessary to grow in book knowledge, but it is essential that he apply those principles which may accrue in his daily experience. It is not my purpose to give you anything new, but to emphasize certain points which have been of great value to me.

1. *The importance of using anesthetics in setting fractures.*

I dare say that the majority of surgeons today are setting any

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and all fractures without major anesthesia. In the great majority of all cases of fracture, an anesthetic should be used unless contra-indicated, especially if the fracture be in or near a joint. In this particular I am reminded of the remarks of Dr. Bodine, of the Polyclinic, in New York. He says if a patient suffering with Colles' fracture refuses an anesthetic he always sends him to the worst enemy he has in the profession, for he can do him no greater injury than to have him set a Colles' fracture without an anesthetic.

2. *Treatment of Colles' fracture.*

Perhaps there are few of us here today who do not number among their old patients some one who occasionally exhibits for our especial benefit a silver-fork arm. Many of these unpleasant sequelæ would be avoided if we would take precaution to anesthetize our patients. In fact, it is almost impossible to reduce the fracture without it, especially if there is much impaction, which is frequently the case; and right here, let me say that too much reliance on the X-ray is likely to cause an error in the diagnosis, for an impaction will not show plainly in a radiograph. The method which I will here describe for the treatment of this fracture is in nowise original with me, but was taught to me in clinic of Dr. Bodine, of New York, and I have also had the pleasure of reading a paper on the subject by Dr. W. B. Hardman, of Commerce, Ga. (*Georgia Practician*, July, 1905). I have used it in a few cases quite recently with excellent results.

Another point I desire to bring out is the almost entire absence of pain accompanying this procedure. In describing the plan of treatment I use, largely, the words of Dr. Hardman. (a) Anesthetize your patient. (b) Reduce the fracture by grasping the upper fragment with one hand and using traction on the lower fragment, at the same time flexing the hand until the two fragments are in apposition; then extend the hand. Should there be impaction a slight deviation from this procedure will be found necessary, requiring some lateral movements. Firm pressure with the thumb on the wrist with downward pressure, pushing the skin and tendons toward the fracture, is quite necessary. (c) Use a well-padded board splint, just wide enough to cover hand and arm and long enough to reach from middle of fingers to elbow. Begin your bandage on the radial side, toward the ulna, and on reaching the hand bring bandage under end of the splints, thus drawing the hand downward into a pistol shape. It is usually necessary to place a small piece of cotton beneath the splint and near to the hand, in order to push the hand downward. It is surprising how

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little pain the patient experiences under this method of treatment. At the end of ten days I remove this splint and apply the following: Grease the hand and arm well. With a four-inch plaster of Paris bandage I begin at the middle of the fingers and follow up the arm to the elbow, and so on backward and forward until I have a thick splint formed, this remaining on until dry, and the edges of the splint are then stripped with adhesive plaster for comfort. This is again applied and fixed with a gauze bandage, and removed every day for massage. And I desire to emphasize the importance of using massage in the cases. The patient should be instructed thoroughly as to his duty in this regard, as the early usefulness of this joint depends largely upon the diligence exercised in carrying out that instruction.

To sum up the advantages in this procedure, I would mention the simplicity with which it is done; the almost entire absence of pain; the ease with which massage is performed; and the pleasure the physician derives in getting such beautiful results.—*Georgia Practician.*

Proprietary Medicines.

A good deal of pharisaical remark is being published in certain journals against the advertisements in reputable medical journals of proprietary remedies in common use by the profession. We doubt if the tirades being made against them will materially influence the mass of the profession against the use of those preparations of well established reputation that have often been tried, their virtues not denied and ready to be tried again. The outbursts of some journals against such preparations has the appearance of "much ado about nothing." Nor are we prepared to appreciate the saint-like attitude of journals of the present day that attempt to uphold for professional criticism and rebuke some other leading journals because they admit into their advertising pages certain proprietary advertisements. There is a sort of "the temple of the Lord we are" censorship attempted that does not speak well for the record of some of the censuring journals. Until a year or so ago, even the *Journal of the American Association,* as the representative one of the American profession, contained a number of such advertisements. But now that the membership subscription income alone is sufficient to run it, that journal turns upon its former patrons with a vim that is surprising, and reflects upon either reputable medical journals that do as it did.

Most of the proprietary remedies that have met with the approval of the profession at large have been analyzed—both quali-

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tatively and quantitatively—and their compositions have been published in various prints. But rather than write prescriptions in detail for certain of these proprietary tablets or fluid preparations, and wait for the pharmacist to put them up, doctors generally, for the sake of readiness and general convenience, have preferred to prescribe the proprietary preparations direct—just as they might write for paregoric, or aromatic sulphuric acid, or vegetable cathartic pills—already prepared and on the shelf of the druggist. Yet, as to comparison of these latter, which are official in the U. S. Pharmacopeia, we venture little in assertion that relatively few practitioners who may be frequent prescribers of these articles can give their formula off hand. Squibb's diarrhea mixture, and many like preparations in constant use, are considered ethical; yet how many doctors can off hand write the formula for their preparation?

Of course there is an extreme view to be taken of this line of remark which we should not be considered as endorsing. The brazen quackishness of some advertisements of articles in public prints—their "king cure all" claims—expose them to very just censure. It is not always because of the real composition of these well known quack preparations, as revealed by the analytical chemists, that such preparations should be censured, as because of the false or fraudulent claims made regarding their remedial qualities, as published in newspapers, etc., simply to entrap the ignorant layman purchaser.

There is a middle ground between the extremes upon which it is safe for the profession to stand. Do not despise all proprietary or ready-made preparations when their use seems indicated simply because their formulæ are not recalled at the moment they may be needed, provided sufficient is known of their active ingredients and of their average doses in given prescriptions; nor yet resort to those preparations which are typical of flagrant quackery.

In this connection, we should add our conviction that it would be better for the proprietary manufacturers themselves were they all to publish the active principles and proportions of their preparations in their professional advertisements; since it requires only a little analytical work on the part of chemists in almost every community to discover them. Such publications would not materially interfere with the prescription of their trade-marked preparations by doctors; and it would remove their preparations from that border line, one step beyond which they must be classed as absolutely unethical. While certain local druggists here and there might adopt like formulæ for their own trade, the established trade

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mark, as in the case of "lapactic pills," would well protect the original manufacturers. It would be hard for another manufacturer to "get the run" on these pills—so well established in use have they become—even should he adopt the exact proportions of the same drugs and attempt sale under another name.—*Va. Med. Semi-Monthly.*

The Stomach Tube in Diagnosis.

Nellis Barnes Foster states that the determination of the acidity of the gastric juice gives the least dependable diagnostic data in gastric diseases, and that much more information can be gained by the use of test meals and a few simple tests of the materials removed from the stomach. Three things must be considered, secretion, motility, and presence of abnormal materials. It must not be concluded that there is hyperacidity as a result of the examination of a single test meal, since the mental condition of the patient expecting an unpleasant procedure will have much to do with his stomach secretion just before it takes place. Deficient motility may be determined by washing out the stomach, when the débris of the previous day's meals will be found in the stomach. Ectasia is only one of the causes of deficient motility. Partial cicatricial stenosis of the pyloris from healed ulcer will often cause it. So will malignant and benign tumors and adhesions between the duodenum and other viscera, such as the gall bladder, producing kinking of the duodenum. Inspection of the stomach contents alone may furnish sufficient material for a diagnosis. The most important abnormal material found in the stomach is blood, due to carcinoma, ulcer, esophageal varices, and erosions of the mucous membrane. The examination of smears of the gastric contents for bacteria is of value when carcinæ are found, or Boas-Oppler bacilli. In general the fermentation test is of more use. Lactic acid fermentation may go on coincident with the presence of free hydrochloric acid, and the presence of the lactic acid should be looked for as a routine procedure. Free hydrochloric acid may be present with gastric cancer, and its absence will not establish a diagnosis of cancer.—*Medical Record.*

Malaria.

W. Krauss, Memphis, says that no region should be uninhabitable on account of malaria and that much of the so-called malaria is something else. He asserts that he has seen tuberculosis, sepsis,

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gall-bladder disease, liver abscess, dysentery, uncinariasis, chronic nephritis, and visceral malignant disease, in persons who come to him, all with the same story of "malaria in the system." Nothing is more amenable to proper treatment than malarial fever, he says, and a recent infection is almost never anything but a fever. Malaria in the beginning is an infection by one or more groups of one or more varieties of blood parasites whose life function in the body is the destruction of hemoglobin. The segmentation of these parasites starts the well-known symptoms. A resistance is developed and the so-called chronic malaria is, as Krauss believes, a state of relative immunity in which repeated infections produce comparatively slight reactions, a state of symbiosis in which the immunizing contest between the parasite and the blood-making organs is in a state of equilibrium. So long as the patient remains in a malarial climate the condition may become acute through reinfection, especially when assisted by outside influences. The merozoites resulting from segmentation, according to this theory, do not invade new cells, but hibernate somewhere in the organism and become active when reinforced by a new infection, or die when the patient removes to a non-malarial climate, but they do not, *per se,* he declares, produce any paroxysms. Krauss holds that in these cases of chronic malaria without paroxysms or marked cachexia quinine, as well as other factors disturbing the symbiosis, may produce symptoms of intoxication, including hemoglobinuria. The only time to give quinine is when developing parasites are found in the peripheral blood, provided also that the infection is fresh, as shown by a characteristic fever curve. It is his practice in the autumn to give two or three 10 or 15 grain doses of sodium thiosulphate at desirable intervals until the bowels are freely emptied. Pernicious cases must of course be treated more expeditiously. He advocates especially, frequent blood examinations of persons living in malarial districts, even if well. His conclusions are given as follows: "1. There is not the shadow of an excuse for failure to make an exact diagnosis in all fever cases. 2. The blood of residents of malarial localities should be examined at frequent intervals. This does not constitute an encroachment on personal liberty that can weigh a feather's weight as compared with vaccination. 3. Fever cases should be treated in accordance with the findings of a thorough blood examination, with special reference to time of dosage and to the complete immunization of the individual for the sake of his neighbors. 4. Quinine judiciously used in accordance with findings of a blood examination, very rarely does harm; its prohibition on the ground of possibly producing a hemoglobinuria

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is unpardonable; its administration during hemoglobinuria is very dangerous and usually unnecessary; a blood examination will save such patients from almost certain death. 5. The screening of houses and the destruction of breeding places of anopheles should be encouraged so far as possible, but the prophylaxis of malaria and its definite local eradication depends on the destruction of the parasite within its alternative host, man."—*Journal A. M. A.*

Harmful Involution of the Appendix.

Robert T. Morris draws attention to the fact that the normal involution of the appendix, with replacement of the lymphoid, mucous, and submucous coats by connective tissue, may produce unpleasant symptoms for a long period and thus become harmful to the patient. Nervous filaments persist longer than the other structures and scar tissue presses on these nerve endings and produces pain, symptoms of intestinal dyspepsia and distention of the cecum by gas. The process is distinctly irritative, not infective. Involution seems actually to guard patients against infection. Normal involution of the appendix may begin early in life; but most patients who show its symptoms are over 25 years of age. Connective tissue replacement usually progresses from the distal extremity; rarely it occurs in nodes, producing bulgings between. In most cases the proximal portion of the appendix is still open and lined with a thin mucosa. Symptoms begin gradually; there is auto-intoxication, with its train of symptoms, and there are intestinal dyspepsia, sensation of discomfort in the region of the appendix, an appendix that feels hard and narrow on palpation, and hyperesthesia of the lumbar plexus of nerves. There is persistent distention of the cecum and colon with gas. Irritation of the nerve filaments is communicated to the intimate ganglia of the bowel wall and causes disturbance at the nearest point of the bowel. The sensation of discomfort in the appendical region is not due to distention with gas, but to direct irritation of nerve filaments. We have to diagnosticate the involutional appendix from the scar appendix and Edebohl's appendix. The scar appendix gives a history of previous infection. Edebohl's feels plump from interstitial exudation, while the involutional appendix is hard and firm, and is never the seat of infection. Hyperesthesia of the lumbar nerve plexus is found by pressing deeply on either side of the navel. From gall-bladder cases it is distinguished by predominance of gastric and gall-bladder tenderness. It is best not to remove these appliances, unless demanded by the patient.—*Medical Record.*

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How is it that most of the things folks are anxious to know are none of their business?

Is it necessary that an upright piano, to live up to its name, should play only sacred music?

Opsonins and Opsonic Index.

Another craze has attacked the medical profession, and the mania is sweeping the whole country. Almost every journal we pick up contains either communications or editorials upon this newest fad —opsonins and opsonic index. Professors are devoting lectures to the subject and some predict that the time is not far distant when drugs will no longer be required to alleviate the ills of suffering humanity, but we will get the opsonic index of our patient, administer the dead bacteria at the proper times and behold! Presto change, your patient is a well man again.

And what is this so-called opsonic index? It is simply a wedging together, as it were, the old theory of phagocytosis and the more modern theory of immunity. *Practical Medicine,* published at Delhi, India, gives such a clear explanation of the subject that we shall take the liberty of abstracting bodily:

"It is generally known that the white corpuscles have the power to engulf bacilli which come in contact with the blood, the engulfed bacilli being carried to the liver, where they are probably destroyed. Consequently it was thought that by improving the tone, so to speak, of the white corpuscles the power to resist disease was increased. It has recently been found, however, that the phagocytes only have the power to act on bacilli which have been under the influence of something else. Further, it has been conclusively proved that this 'something else' is contained in the serum. The matter which exerts this influence has not been isolated, but for the sake of convenience the name 'opsonings' (a word of Greek derivation meaning feast-providers) has been given to it. On the extent to which these 'opsonings' are present in the blood serum depends the power of a person to resist disease. By bringing the serum obtained from the blood of any person in contact with a bacterial culture of known activity the patient's power of resistance to consumption and other diseases can be measured. The figure which denotes this power of resistance is known as the opsonic index; if the opsonic index be subnormal it can be raised, and with it the patient's power of resistance. The method of raising the opsonic index is interesting. Whenever a hostile force —such, for instance, as bacteria—comes in contact with the blood

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certain bodies which the blood contains at once become active and oppose the invading force. If the bacteria are more powerful than the defending force, the system is naturally subject to the ravages of the bacteria. It is a curious fact that the defending force is not able to distinguish between active bacteria and dead bacteria, and, consequently, even when dead bacteria come in contact with the blood, the defending force, being deceived, is at once up in arms and active; but in this case the energy is not wasted in fighting, and is available for resisting other attacks. It is by taking advantage of this phenomenon that the opsonic index is raised into the blood of a patient whose index is subnormal; emulsion of tuberculin—in other words, dead tubercle bacilli—is injected, with the result that the opsonins become more active and the power of resistance is raised. The index, however, is not raised immediately; as a matter of fact, slightly at first and then begins to rise. After rising to a certain point it becomes stationary, and then another dose of tuberculin is administered."

It is clear that if the opsonic theory is proven, great possibilities are ahead of us. Practical experiments have demonstrated its usefulness. Some skin diseases have yielded so beautifully with the use of the index as to probably fill the investigators with hilarious optimistic exultation.—*Gaillard's Southern Medicine.*

Scarlatinal Nephritis.

This most important complication of scarlet fever, its etiology and prophylaxis, is discussed by H. Lowenburg, Philadelphia. In scarlet fever, he states, the function of the skin is almost completely suppressed, thus overtaxing the kidneys, which are also called on to carry off the toxic agent of the disease. There seems to be evidence that this last alone may be sufficient to produce the kidney disorder without the usual clinical manifestations of scarlatina. Constipation, diet and exposure to cold are all-important contributory factors, the last mostly in susceptible and anemic patients. For prevention, Lowenburg would insist on good ventilation and constant, carefully regulated temperature (68 to 70 F.), a milk diet varied toward the close of the disease, with tender vegetables, fruits and farinaceous substances cautiously added. Fruit juices are refreshing and help to lessen urinary acidity. Daily urinary examination should be made, especially after each change of diet, and on any appearance of albumen a return to an absolute milk diet should be made at once. Hydrotherapy is mentioned as the one chief remedy. The free use of water aids in

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elimination of toxins, and it should be given as regularly as food. If plain water can not readily be taken, some of the mineral waters may be used, or better, lemonade or orangeade, to each pint of which a teaspoonful of cream of tartar may be added. A daily bath with friction is a valuable adjunct in promoting the skin functions, and its temperature should never be lower than 8 or 10 degrees below that of the patient. Enteroclysis is also of use; from 1 to 8 ounces of saline solution may be given one or twice a day. The only drugs of any value in preventing renal complications are alkalies and laxatives. Lowenburg would give 5 or 10-grain doses of acetate or citrate of potassium. Minute doses of calomel should be given at intervals of three or four days during the disease, followed by broken doses of magnesium sulphate. The use of antistreptococcus serum is mentioned and authorities favoring it are quoted, but without special recommendations.—*Journal A. M. A.*

The Schott Treatment.

Among non-medicinal methods of treating disease what is known as the Schott treatment of chronic heart disease has taken high rank. It has been developed by the brothers Schott at Bad Neuheim, Germany, and consists in the taking of the natural effervescent baths of that place together with a system of graduated exercises. The waters of Nauheim have a temperature of from 86 to 95° F., are rich in carbonic acid and minerals, among which the sodium, calcium chlorides predominate so largely that others may be left out of consideration. A bath lasts at first only five minutes, but gradually the time is lengthened, while the salinity is increased and the temperature decreased down to a minimum of 80° F. After the bath the patient is rubbed and allowed to rest for an hour. The additional exercises consist in a series of simple movements of each limb and the trunk gently resisted by the hand of the attendant. Fatigue must be carefully avoided. The slightest suggestion of cyanosis or dyspnoea is a signal for discontinuing of the movements.

The effect of the baths is to diminish the pulse rate, increase force and volume of the pulse, lessen the frequency of respiration, increase the secretion of urine and in cases of cardiac dilatation diminish the area of cardiac dullness Schott's own theory is that these good effects are the result of reflex stimulation of the heart through excitation of the cutaneous nerves.

The successes obtained at Nauheim suggested imitation of the method for home treatment. Artificial baths are prepared so as

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at first to contain one pound of sodium chloride and one ounce of calcium chloride to every ten gallons of water at an initial temperature of from 95 to 90° F. The duration of each bath is five minutes, gradually increased to 10, 15, 20 minutes. The temperature is at the same time gradually lowered to a minimum of 80°; the salinity increased to a maximum of three pounds of sodium and four ounces of calcium cloride to each ten gallons. Effervescence is produced by dissolving in the bath to every ten gallons of water two ounces of sodium bicarbonate and then adding slowly three ounces of hydrochloric acid previously well diluted. These are also gradually increased up to a maximum of eight ounces of sodium bicarbonate and twelve ounces of hydrochloric acid.

The artificial baths, while very beneficial in many instances of chronic heart disease have, however, never equaled the remarkable successes obtained at Nauheim. For one thing, there is lacking the change of climate, air, and surroundings which the patient finds who can go to Nauheim and which is a powerful remedial agent. Another weakness as pointed out by Hare, lies in the difficulty of thoroughly and constantly saturating the baths with carbonic acid. The means employed are not sufficiently effective.

The writer recently saw an ingenious means of overcoming the difficulty. Dr. O. E. Linjer, medical superintendent of the city hospital of Minneapolis, had a very simple apparatus installed. It consists of a cylinder of carbonic acid, as commercially used, connected by ordinary gas pipe with an oblong ring made of inch pipe and perforated by very fine openings about six inches apart. This ring is placed into the bath tub and the valve on top of the cylinder turned on, when a steady flow of gas follows which is easily regulated and permeates the entire bath evenly. The arrangement is so simple that it can easily be introduced into a private house. It should serve to popularize a method of treatment which possesses high merit. The writer has observed cases of heart disease, giving comfort and prolonging life, where ordinary treatment by drugs, diuretics and diaphoretics and sweating had proven entirely ineffective.—*Wisconsin Medical Review.*

"Doctor" Who "Cures Without Drugs" in New York Without a License is Guilty of a Misdemeanor.

The appellate division of the Supreme Court of New York has recently handed down an interesting decision construing the New York statute which provides that "any person who, not being

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then lawfully authorized to practice medicine within this State and so registered according to law, shall practice medicine within this State without lawful registration * * * shall be guilty of a misdemeanor." The decision affirms the conviction of a doctor for practicing medicine without being lawfully authorized and registered, in violation of law. It appeared from the evidence that the defendant had issued a business card bearing the inscription "Mechano-Neural Therapy," which he said signified mechanical nerve treatment. One of the witnesses in the case testified that she had called upon the defendant, stating that she was troubled with severe headaches, nervousness and vomiting spells. He assured her that he could restore her to her health without the use of drugs. In answer to her questions as to his ability to cure without drugs he said: "Yes, I find I can cure without drugs. I can cure all diseases that any physician can cure, without drugs, and also diseases that they can not cure with drugs." She inquired whether a certain pain in her arm indicated rheumatism and he told her that she was too young to have rheumatism, but that the trouble came from her stomach and was in the nature of malaria and stomach disease. The doctor examined her chest, back and throat, felt her pulse and looked at her tongue. He then directed her to drink a quantity of lukewarm water with salt in it, which he gave to her in spoonfuls, and advised her to abstain from eating pork, potatoes or any kind of sweets. This was followed by his regular massage treatment, which was applied to the patient's spine and lasted about an hour. The defendant testified in his own behalf that he was a graduate of the Mills Training School, attached to Bellevue Hospital, and of the College of Mechano-Neural Therapy of Atlantic City, N. J. This, however, did not give him the right to practice in the State of New York, nor the right to take the prescribed examination to determine his fitness to practice. It was held that to confine the words "practice medicine" used in this statute to the mere administration of drugs or the use of surgical instruments would be to eliminate the very cornerstone of successful medical practice, namely, the diagnosis. It would rule out of the profession those great physicians whose work is confined to consultation, the diagnosticians, who leave to others the details of practice. In the language of the court: "When we find, as in this case, a defendant holding himself out by sign and card as a doctor, with office hours, who talks of his patients and gives treatments, who makes a diagnosis and prescribes diet and conduct and remedies, simple though they be, and who asserts the power to cure all diseases, and who takes payment for a consulta-

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tion wherein there was an examination and determination of the trouble—that is, a diagnosis—as well as payment for subsequent treatment, even though no drugs were administered, we must hold that he comes within the purview of the statute prohibiting the practice of medicine without being lawfully authorized and registered."—*People vs. Allcut,* 102 N. Y. Supp., 678.

Jury of Matrons.

BY E. S. M'KEE, M. D., CINCINNATI.

Rarely of recent years has it been found necessary at the trial of a woman to summon a jury of matrons, but such was the case recently in England, where Carrie Thomas was convicted before the Lord Chief Justice of the crime of murder. When the ordinary jury of men returned a verdict of guilty the prisoner plead that she was pregnant. The Lord Chief Justice said that this was not the time to urge that plea and proceeded to pass the sentence of death. After sentence the prisoner, by her counsel as well as by herself, plead pregnancy and the judge thereupon ordered all the doors to be shut and the sheriff to summon a jury of matrons de circumstantibus. This was done and the jury of matrons was sworn like a grand jury, the clerk of the assizes administering the oath in the following manner: "That you will diligently search and try Carrie Thomas, the prisoner at the bar, whether she be quick with child or not, and that your verdict shall be according to the best of your skill and knowledge." The jury of matrons retired for half an hour and returned with the verdict that she was "quick with a living child." The judge thereupon ordered that the sentence of execution be respited until the child was born or until there be no possibility of a child being born. The reprieve is granted not for the woman's sake, but in favorem prolis, and it holds good in all cases, either until the woman shall have been delivered of a child, or time shall have proven that she was not with child. The French law is satisfied with medical evidence of pregnancy. New York has provided by statute that if there is reasonable ground to believe that a female defendant sentenced to death is pregnant, a jury of six physicians shall be impaneled to inquire into the fact, and if she be found by the inquisition "quick with child," the execution is suspended until the Governor issues an order directing execution, which he may do as soon as he is convinced that she is no longer "quick with child," or he may commute her sentence to imprisonment for life. In a Norwich case,

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reported in the *Medical Gazette,* a jury of matrons wrongly found a woman not with child, though generally these juries of matrons lean to leniency. The frequency with which women "pleaded their belly" is remarkable until one remembers that this was the old hanging days, when to commit any felony was a capital offense. Among the records of criminal proceedings it has been frequently found that a woman "pleads her belly" the second time when she is again brought in court to receive sentence. It is to be surmised in these cases that the jailor was solely tempted.—*Wisconsin Medical Recorder.*

Resolutions Adopted by the Stockholders Upon the Death of Mr. Theodore D. Buhl, President of Parke, Davis & Co.

Ten and a half years ago Theodore D. Buhl cast in his lot with this house. Throughout that period he has given us the benefit of his large experience, his sound judgment, his great power in the commercial world, his granite credit reared on an unwavering honesty. As president of the house he was the perfect type of integrity and fidelity to all the stockholders. His high sense of duty as a trustee pledged to administer the property and guard the interests of others, was ever uppermost in his thoughts. The peculiar responsibilities and hazards of our work—our obligations as purveyors to the medical profession and to suffering humanity, were to him always a solemn appeal. The ultimate triumph of character in business was with him a conviction as deep and strong as instinct. The remote future and the distant prize concerned him more than the present gain.

The strength which he gave this house and all the many enterprises in which he shared, signally exhibits what the world should realize especially at this hour—that rich men of unflinching honesty and sound judgment are of inestimable value to their communities. They are the employers of labor, the authors of new industries, the creators of new values, the pioneers who open up vast avenues of opportunity for their followers. As they succeed or fail, the comfort, the very bread, of thousands is assured or endangered. We hear much these days of unscrupulous, predaceous wealth, but what of the type of Theodore Buhl—what of the men who consider the trust of their fellowmen the best of their possessions, who have a horror of stock-jobbing methods, who never seek an unfair advantage, who never lend their names to a dubious enterprise?

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As a director Mr. Buhl was the soul of courtesy, kindness and deference. As an employer he was considerate, thoughtful, mindful of the comfort, interests and claims of his employes. To their grievances he gave always a patient and attentive ear. He encouraged the manly expression of honest opinion, and when it differed from his own his effort was to convince and persuade, not to invoke his authority or impose his will.

On behalf of the stockholders, employes and executives of Parke, Davis & Company we record this testimony to the lasting service rendered us by our lamented president. To the members of the bereaved family we offer our warm and heartfelt sympathy. May strength be theirs to bear their sorrow. May they find much comfort in the memory of a life rich in well-doing and in good repute.

Books and Magazines.

AIDS TO DENTAL SURGERY. By Arthur S. Underwood, M. R. C. S., L. D. S. Eng., and Douglas Gabell, M. R. C. S., L. R. C. P. Lond., L. D. S. Eng. Second edition. New York: William Wood & Co., 1907. Price, $1.00.

This little volume is certainly an exemplification of the bookmaker's art, is coatpocket size and a beautiful piece of work printed in gold, and refers to the department of the science of dental surgery, omitting, of course, that portion which is purely manipulative, and is especially intended for dental students, but as so many physicians are called upon to do emergency work in smaller places where dentists are not available, the work is certainly worth the while of being read by every one, and contains much practical information in an interesting form. In fact, all the information contained in this volume certainly should be known by the physician and surgeon.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY FOR THE USE OF STUDENTS IN MEDICINE.—By R. A. Witthaus, A. M., M. D., Professor of Chemistry, Physics and Toxicology in Cornell University. Thirteenth edition. Revised by R. J. E. Scott, M. A., B. C. L., M. D., author of "The State Board Examination Series." New York: William Wood & Company, 1907. Price, $1.00.

This little volume is intended for the use of the medical student particularly and as a review book for the general practitioner of medicine. It has just reached its thirteenth edition, and many changes have been made in the work in order to bring it strictly

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up to date. The volume is but little larger than the others, but is printed in smaller type. It is a practical volume, placing the subject in question form especially for the benefit of medical students, and if the general practitioner wants to realize how little he knows about chemistry, he might take this little volume and read over the 1293 questions asked therein and see how many of them he could answer correctly. Chemistry is something we all need to brush up on every few years, and this little volume would do it in an interesting way and comes from the hands of a master on the subject. We bespeak for it a continuation of the partonage received in the past.

TEXT-BOOK OF PSYCHIATRY.—A PSYCHOLOGICAL STUDY OF INSANITY FOR PRACTITIONERS AND STUDENTS. By Dr. E. Mendel, A. O., Professor in the University of Berlin. Authorized translation. Edited and enlarged by William C. Krauss, M. D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.; Member of the American Neurological Association. 311 pages. Crown octavo. Extra cloth. $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This little volume of 300 pages gives the physician and medical student a speaking acquaintance with insanity, a subject but little understood by the average general practitioner and particularly difficult to the medical student. The work is thoroughly practical, is well presented in a classified manner, and every physician should devote a little time and reading to this important branch of medicine, for sooner or later this knowledge will be called into use in assisting even in referring cases to an expert upon psychiatry.

Publisher's Notes.

Notice.

PHILADELPHIA, March 27, 1907.

DEAR SIR: Owing to the scarcity of leather and the increase in cost of this material, it becomes necessary for us to advance the prices of our sheep and half Morocco books. We, therefore, beg to state that on and after this date an additional 50 cents will be added to the price of our sheep and half Morocco books. The cloth prices, of course, will remain the same.

Yours very truly,
W. B. SAUNDERS COMPANY,
per M.....

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ANNOUNCEMENT.—The *Journal of Inebriety* after thirty years of continuous studies of the disease of inebriety and drug taking begins its new decade by entering upon comparatively new field of physiological and psychological therapeutics, for the treatment of these neuroses. Arrangements have been completed by which the *Archives of Physiological Therapy* has been consolidated and will hereafter be published as a part of the *Journal of Inebriety*. This very able monthly has been developing parallel lines of study with the *Journal of Inebriety*. In the opinion of its managers its scientific value would be greatly enlarged by concentrating its work along some special lines. The disease of inebriety and its allied neurosis is a field of most practical interest, hence the *Journal of Inebriety* is selected as a medium for continuing the work of the *Archives of Physiological Therapy*.

Henceforth in addition to the various phases of this subject which the *Journal* has presented, the therapeutic effects of hot air, radiant light baths, electricity, massage, psycho-therapeutic measures and other physiological means will occupy a prominent space. This effort to clear away the confusion and broaden the studies of therapeutic means for cure, will make the *Journal of Inebriety* one of the most practical and valuable visitors to every hospital and institution, as well as to all specialists who treat brain and nerve neurotics. We shall aim to present and formulate the latest studies and facts along these frontier lines, and in this way lift the whole field of therapeutics out of its present imperic stage into one of rational therapeutics.

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or
℞ Codeinæ sulphatis . . . . . .5 (gr. viiss.)
Spts. chloroformi . . . . . 4. (℥j.)
Glycerini . . . . . 30. (℥j.)
Succi limonis . . . . . 15. (℥ss.)
Aquæ q. s. ad. . . . . .90. (℥iij.)
M. Sig. Teaspoonful as occasion demands.

—*Stevens.*

FEMALE MEDICAL STUDENTS IN BERLIN.—Seven hundred and eighty-three female medical students, among which are 182 foreigners, are at present studying medicine in Berlin at the University. They are admitted as "Gastzuhoerinen," or visitors, to whom special permission to attend must be granted by each professor. This means that every University professor in Berlin has the right to exclude female students from his lectures and practical instructions. Indeed, some do, and those who do so are von Bergman, Orth, Waldeyer, Pagel, and Sonnenburg, while Lesser admits them

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to all his lectures except the public course on the dangers of sexual disease.

Calx Iodata in Obesity.

BY W. C. ABBOTT, M. D., CHICAGO, ILL.

There has just been reported to us a somewhat singular case. A lady, age 50 years, has a goiter, not very large, of a number of years' standing, slightly increasing, without any special discomfort other than her objection to the fancied disfigurement. She was placed upon a treatment alternating monthly between phytolaccin and calx iodata. After several months she suddenly commenced to lose weight, and within less than a month has lost sixteen pounds, the loss continuing although for two weeks she has not been taking any medicine. The goiter seems somewhat reduced, although the disappearance of the fat in its neighborhood causes it to appear somewhat more prominent.

Such a loss of fat in a woman of her age is an exceedingly suspicious symptom. A case most prominently impressed upon the writer's mind eventuated in death from cancer of the liver. The most careful examination, however, failed to detect the slightest evidence of this or any other malady. The strength is unimpaired and the only symptom that has been elicited is a disposition to insomnia. No signs can be found indicating a transfer of the lost fat to the liver.

Two questions present themselves: Is this a nutritional disturbance? Or has the treatment aroused certain functions to activity by which the fat is being carried out of the body? If so, is calx iodata applicable in the treatment of obesity? We would suggest that a trial be made, especially in younger subjects; and that the remedy be given in moderate doses for not less than three months, better for six months, before it is pronounced useless.

Violent measures are always to be condemned when dealing with nutritional or metabolic aberrations. Any treatment which rapidly reduces the weight of an individual is certain to reduce his strength and his vitality much more rapidly than it does his weight. The safer methods and those most nearly approximating those of nature are invariably slow in their action; and if we have a method which reduces the weight, carrying off the useless and encumbering fat without lessening the strength, it seems too valuable a thing to be overlooked.

DIPHTHERIA.—Diphtheria is pre-eminently a local infection followed by severe systemic disturbance from the absorption of toxins generated by the bacteria in the local column. The modern therapeutist treats conditions present, never diphtheria as such. The bowels should be emptied and the liver stimulated and intestinal antisepsis maintained with the sulphocarbolates. Fever, if this is done promptly, yields to a few doses of aconitine, strychnine

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and digitalin. Nuclein should be given to stimulate phagocytic activity, the throat sprayed with peroxide of hydrogen and aqua cinnamoni, and calcium sulphide and calx iodata (Calcidin Abbott) pushed to effect. The necessity of perfect cleanliness of nares, fauces and buccal cavity is apparent. In profound septic conditions eschinacea has been found to be of signal service.

ALETRIS CORDIAL RIO represents one of our most reliable indigenous agents for uterine ailments. Reports of its efficacy in numerous cases of amenorrhea, dysmenorrhea and menorrhagia affirm its value in the treatment of these cases.

THE AMBULATORY PNEUMATIC SPLINT.—The attention of the profession is called to the advertisement of the Ambulatory Pneumatic Splint which appears on advertising page .. of this issue of the NEWS. No doubt every physician or surgeon has from time to time in his practice cases where this ingenious mechanical device constructed strictly upon scientific principles and endorsed by leading surgeons of this country, could be made use of to great advantage to their patients. It will be worth thir while to look into this and to write for descriptive literature, special prices and to thoroughly understand one of the most recent advances made along surgical lines.

OUR advertising family has been enlarged by the addition of a house which needs no introduction to any physician in Texas. Their reputation is based as much upon their courtesy and upright methods of doing business as upon the quality of their products. The products of this house appeal to ethical physicians because they are made by reliable people for physicians only. This house "never splits the difference" by going to the public for patronage in any way and this is another reason why they retain the friendship and specification of the best Texas physicians.

THERE are many standard preparations that will never become official in the U. S. Pharmacopeia and may never indeed become semi-official by being initiated, passed and raised to the honors appertaining to endorsement by and in "New and Non-Official Remedies." They will, nevertheless, be standard products. Articles that we have used, that we are fond of because they have never failed us in an emergency (ergotole occurs to us as we write) will not be relegated to the "has been" class because they are not in the U. S. P. We believe in drawing the line sharply in the case of undoubted nostrums whether they are advertised to the laity or not but in our zeal to be ethical we will retard materia medica advance if we take the extreme position of ignoring all pharmaceutic specialties simply because they are proprietary in the sense that they are made by only one house. Let us rather winnow the wheat from the chaff and throw the chaff away.

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CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Management do not hold themselves responsible for the views of their corre spondents.

Sub-Arachnoid Anesthesia With Tropa Cocaine.

To Dr. J. Leonard Corning, of New York City, is due the credit of first attempting to anesthetize the spinal cord by local injections of a solution of cocaine. His first experiments were made on dogs and afterwards on the human subject in the year 1885. As Dr. Corning was a neurologist and not a surgeon, no operations were performed by him, and his experiment on the human subject consisted in noting the degree and extent of anesthesia, as was evidenced by experimental irritation of the skin and peripheral extremities. It is reported that he introduced a sound into the male urethra without pain.

In his later articles on this subject he states that he attempted to enlist an interest in his new procedure among certain surgeons of ability, but failed, as the method did not appeal to them as other than an unusually hazardous undertaking. Dr. Corning, however, was impressed with the value of his discovery, and wrote a number of articles on the subject for the *New York Medical*

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Journal. His technique, however, was crude and his results necessarily uncertain. It did not occur to him that the spinal cavity below the point where the cord terminates, and known as the subarachnoid space, was the safest and best place to make the injection. His idea was to inject in or near the cord at no fixed location, and that the injected solution would be taken up by the venus plexus near the cord and conveyed to the cord itself. Having this idea in view, it was no great wonder that he failed to enlist the surgical profession in his dangerous procedure.

For some fourteen years following this discovery no effort was made by the profession to experiment or even consider the idea as a practical one, and Corning was forgotten.

In the year 1898 the profession was startled by a new method of anesthesia by Professor Bier, of Kiel, and a short time thereafter endorsed and further perfected by Tuffier, of Paris. These men were both practical surgeons, and they presented to the world their new discovery with a perfected technique and an array of cases that commanded attention. Whether or not Corning's crude methods of some fifteen years before suggested the operation to these men is not known. Bier advised making the puncture in the lumbar region. The cavity in this locality is known as the sub-arachnoid, being a prolongation of the spinal canal below the first lumbar vertebræ. This space is a simple enlargement of the spinal canal, with the same covering as the cord, viz., pia and dura mater. It would, therefore, be naturally inferred and experience has proven, as first demonstrated by Bier, that this is the safest and best point for entering the canal to anesthetize the cord. The exact point advised was between the fourth and fifth lumbar vertebræ. Bier also was the first to advocate the use of the hollow needle for the purpose of allowing a few drops of spinal fluid to escape before attaching the syringe, and in this way made sure of entering the cavity. He reported a large number of operations without any actual fatalities, but many had more or less serious symptoms and unpleasant after-effects. He recognized the danger of cocaine when used in this way and advocated its use only in those cases in which ether and chloroform is contraindicated.

Among the unpleasant symptoms mentioned were chills, rise of temperature, giddiness, nausea, vomiting, rapid pulse, severe headaches, etc. He called attention to the fact that small doses of cocaine should be used, preferably about one-fifth or one-fourth of a grain; although he thought in some cases larger doses might be necessary to obtain the desired result. In his opinion one of the

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greatest difficulties was to determine the exact dose in a given case due to the great susceptibility of certain persons to the poisonous effects of this drug. Tuffier, of Paris, reported one fatal case in his practice during the year 1899. Immediately following the Bier and Tuffier reports, the New York profession took up the question of spinal anesthesia with great zeal during the year 1900. This may have been partly due to the fact that this city was the home of the original discoverer, and a native pride may have produced an opticism that was not borne out by facts. For the time being the spinal cord occupied a most conspicuous place in the surgical mind, and this organ was experimented on in various ways. By tapping the cord it was proposed to cure hydrocephalus, and by injecting the proper serum to cure tetanus, meningitis, etc. It was proposed by this method to rob childbirth of its terrors, and reports on the number of cases in which it had been used rapidly ran into the hundreds.

To the credit of Dr. Corning, the originator of the method, a note or warning was sounded against the premature enthusiasm of the advocates of this method. In an article for the October, 1900, *New York Medical Record,* I quote him as follows:

"The fate of spinal anesthesia, however, is unique in this that while at first and for long its advantages in a larger and more especially in a surgical sense were disregarded there came a time when recognition leaped, as it were, into the arena of professional life, driving thence such small adjuncts of skepticism as remained, and from this long waiting and this belated acclamation has come a buoyant expectancy, a kind of vaulting zeal which sets one trembling at the possible consequence of disappointment, misapplication or bungling, spasmodic hardihood, defective technique, and so on to the killing. A thousand pities, by a false thrust or impossible exactions to relegate once more to the limbo of the forgotten, a procedure which be the limits of its usefulness, ever so sharply drawn, must still in view of what has already gone before possess a unique and extensive field of usefulness."

Dr. Corning's fears seem to have been prophetic, so far as his native city is concerned, for, after an enthusiasm that knew no bounds, spinal anesthesia is now rarely practiced. In New Orleans by Dr. Matas, in San Francisco by Dr. Morton, and in some places abroad, an improved and safe technique has been devised and the method has had its second renaissance, which bids fair to establish it on a firm footing as a rational surgical procedure.

Dr. Matas, of New Orleans, who is a strong advocate of this form of anesthesia, wrote in November, 1900, the following:

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"I would limit the indications for its application at the present moment: First. To adults and to reasonable persons who have good self-control, thereby excluding children, hysterical patients local or regional anesthesia are inapplicable. Third. To patients suffering from emphysema, advanced asthma, chronic bronchitis and other respiratory affection in whom a general inhalation anesthetic is absolutely contraindicated. In advanced cardiac cases, with degenerative lesion, I would fear the probable depressing effect of the injection and excitement in the circulation. Fourth. In the majority of cases in which the painful part of the operation is not likely to be prolonged beyond one hour and a half, as I would be averse in the present state of our knowledge to repeat a second cocainization or to increase the total dose of cocaine to more than 2 cc., especially in exhausted subjects.

It would seem that the greatest fear among operators at the time mentioned was the uncertain and poisonous action of the cocaine, and while the mortality was small the disagreeable after-effects was most pronounced. To this alone is due the fact that the method did not gain more popularity, and for the continued use of chloroform and ether, even when the same was contraindicated.

A few experimentors, recognizing the possible value of other drugs and other forms of cocaine, however, used with good success Stovian eucaine and tropa-cocaine. I was led to try the latter preparation from some very encouraging reports received from San Francisco.

In a personal letter from Merck & Co., they tell me that the chemical name is benzoylpseudotropeine hydrochlorate. That it is obtained from a narrow leaf variey of erythroxylon coca, grown in Java, also, synthetically, $C_{15}H_{19}NO_2HCl$, colorless crystals soluble in water; that solutions of this variety of cocaine are much more stable, easily sterilizable without decomposition and have a much less depressing effect on the heart. That it is equal in anesthetic power and only about one-third the toxicity of cocaine. It is also noted by all observers to possess the advantage of being free from unpleasant or obnoxious secondary properties. Merck states in his bulletin that after violently boiling a 10 per cent solution for one hour the tropa-cocaine was absolutely unchanged, and only after two hours boiling was a slight change reached; also by way of comparison they found a partial decomposition in hydrochlorate of cocaine after a ten minutes' boiling. This fact

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alone, if for no other reason, would be a great gain in favor of the former preparation as one of the most serious and prohibited drawbacks to the method would be the use of a drug that could not be sterilized. It would seem that tropa-cocaine is not a new preparation, but was discovered some years after cocaine in an effort to produce a cheaper substitute. In its relation to cocaine it seems to bear the same relative position as cinchonidia to ordinary quinine.

I have been unable to discover who first used this preparation for spinal anesthesia, but reports both at home and abroad greatly favor it for this purpose. One surgeon alone in San Francisco claiming to have used it in over 2000 cases without a bad result. Dr. Matas, of New Orleans has recently written me that he is sorry to say that he has had no personal experience with tropa-cocaine, but that he had been tempted to try it since reading the good reports that have appeared from so many reliable sources. He states that he has used cocaine, eucaine B. & Stovain, and is now trying Barker's strained glucose solution, the latter with satisfactory results.

This paper was not written for the purpose of giving my own personal observation with this drug, as I have used it only to a very limited extent. The few cases, however, upon which it has been used have been so satisfactory that I will narrate them:

CASE 1.—J. N., section foreman, aged 60, alcoholic history, sclerotic arteries, unfavorable for either ether or chloroform. Has suffered for years with double rupture, and being unable to get a truss that would support the parts decided to be operated on. With the patient in the scorcher position, a puncture was made between the third and fourth lumbar vertebræ, and fifteen or twenty drops of spinal fluid allowed to escape, and into this fluid was dissolved one grain of tropa-cocaine, and the same injected through the needle, which had not been removed. After ten minutes the anesthesia seemed complete, and operation on one side begun. The patient complained some when traction was made on cord, but otherwise stood the operation on this side very well. Was not so fortunate with the other side, as the anesthesia seemed to lose its effect before the operation was completed, and considerable pain was complained of toward the close. However, the operation was satisfactory and no other form of anesthesia was used. There was no nausea or vomiting, pulse not markedly accelerated, no fever and patient convalesced without a bad symptom.

CASE 2.—J. K., aged 26, fell from top of box car and both legs

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run over by the wheels, one immediately above and one immediately below the knee. Loss of blood considerable and shock severe. Patient put to bed and transfused. Mind clear, pulse small and thready. After waiting twelve hours, and no recovery from shock, it was decided to do the double amputation with sub-anachroid cocaine anesthesia. One grain was injected; the patient was conscious during the entire operation, and did not complain of the slightest pain. But little change was noted in the character of the pulse before and after the operation, and no unpleasant symptoms was experienced. The patient died in about twenty-four hours, having failed to rally from shock and loss of blood.

CASE 3.—Mrs. F., aged 65, an anemic, emaciated, an invalid for many years with chronic tuberculosis, consulted me for the most painful of her many afflictions, viz., an aggravated case of inflamed hemorrhoids. She was perfectly willing for the operation, but I stood aghast at the thought of a general inhalant anesthetic. She readily consented to spinal puncture, and I did a whitehead without having the patient experience the slightest sensation of pain. She complained of a slight nausea soon after the operation and a little pain at point of puncture for two or three days, but aside from this her recovery was absolutely uneventful. In this case it was impossible to get the spinal fluid between the fourth and fifth vertebræ and the needle was withdrawn and inserted below the third and fourth. My experience has led me to believe this is the better point.

In not one of the cases did headache follow the use of the injection. I would not attach much importance to the results in these few cases were they not confirmatory of like results in the hands of some of my friends. The tropa-cocaine that I have used has been purchased in single-dose sealed tubes, containing three-fourths and one grains each. As asepsis is such an important factor, it might be well for the surgeon to sterilize the drug in each case before using, although I have seen no bad results from the use of the ready-prepared preparation. I am inclined to think a step forward has been gained by using the spinal fluid as a solvent for the salt, from the fact that it is readily soluble in this fluid, and the further fact that there can be no change in intra-spinal pressure as there might be by injecting a fluid of different specific gravity.

In conclusion, I would not advise this method, at least for the present time, with patients who have no cantraindication to chloroform or ether, but certainly all of us have enough of the other class to open up a wide field of usefulness.

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The Pure Food Law.*

An Act to prohibit and prevent adulteration, fraud and deception in the manufacture and sale of articles of food and drugs, prescribing penalties for the violation of this act, to provide for the appointment of a Dairy and Food Commissioner, and to define his powers and duties, and to fix his compensation, and to repeal all laws in conflict with the provisions of this act, and declaring an emergency.

SECTION 1. *Be it enacted by the Legislature of the State of Texas:* That no person, firm or corporation shall within this State manufacture for sale, have in his possession with the intent to sell, offer or expose for sale, or sell or exchange any article of food, drink or drugs which is adulterated or misbranded within the meaning of this act. The term "food" as used herein shall include all articles used for food, drink, flavoring, confectionery or condiment, by man, whether simple, mixed or compound. That the term "drugs" as used in this act shall include all medicines and preparations for internal or external use recognized in the United States Pharmacopoeia or National Formulary, and any substance or mixture of substances intended to be used for the cure, mitigation, or prevention of disease of either man or animals.

SEC. 2. That for the purposes of this act an article shall be deemed to be adulterated:

In case of drugs: First. If, when a drug is sold under or by a name recognized in the United States Pharmacopoeia or National Formulary, it differs from the standard of strength, quality or purity, as determined by the test laid down in the United States Pharmacopoeia or National Formulary official at the time of investigation; provided, that no drug defined in the United States Pharmacopoeia or National Formulary shall be deemed to be adulterated under this provision if the standard of strength, quality or purity be plainly stated upon the bottle, box or other container thereof, although the standard may differ from that determined by the test laid down in the United States Pharmacopoeia or National Formulary.

Second. If its strength or purity falls below the professed standard or quality under which it is sold.

In the case of confectionery: If it contain terra alba, bartyes, talc, chrome yellow or other mineral substance or poisonous color or flavor, or other ingredient deleterious or detrimental to health, or any vinous, malt or spirituous liquor or compound or narcotic drug.

In the case of food: First. If any substance has been mixed and

*Introduced by Hon. W. L. Blanton, of Gainesville, Texas.

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packed with it so as to reduce or lower or injuriously affect its quality or strength.

Second. If any substance has been substituted wholly or in part for the article.

Third. If any valuable constituent of the article has been wholly or in part abstracted.

Fourth. If it be mixed, colored, powdered, coated or stained in a manner whereby damage or inferiority is concealed.

Fifth. If it contain any added poisonous or other added deleterious ingredient which may render such article injurious to health; provided, that when in the preparation of food products for shipment they are preserved by any external application applied in such manner that the preservative is necessarily removed mechanically, or by maceration in water or otherwise, and directions for the removal of said preservative shall be printed on the covering of the packages, the provisions of this act shall be construed as applying only when said products are ready for consumption.

Sixth. If it consists in whole or in part of a filthy, decomposed or putrid animal or vegetable substance, or any portion of an animal unfit for food, whether manufactured or not, or if it is the product of a diseased animal, or one that has died otherwise than by slaughter.

SEC. 3. That the term "misbranded," as used herein, shall apply to all drugs or other articles of food, or articles which enter into the composition of food, the package or label of which shall bear any statement, design or device regarding such article, or the ingredients or substances contained therein which shall be false or misleading in any particular.

That for the purposes of this act an article shall also be deemed to be misbranded:

In the case of drugs: First. If it be an imitation of or offered for sale under the name of another article.

Second. If the contents of the package as originally put up shall have been removed, in whole or in part, and other contents shall have placed in such package, or if the package fail to bear a statement on the label of the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanalid or any derivative or preparation of any such substances contained therein.

In the case of food: First. If it be an imitation of or offered for sale under the distinctive name of another article.

Second. If it be labelled or branded so as to deceive or mislead the purchaser, or purport to be a foreign product when not so, or if the contents of the package as originally put up shall have been removed in whole or in part and other contents shall have been placed in such pack-

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age, or if it fail to bear a statement on the label of the quantity or proportion of any morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate or acetanelid or any derivative or preparation of any of such substances contained therein.

Third. If in package form, and the contents are stated in terms of weight or measure, they are not plainly and correctly stated on the outside of the package.

Fourth. If the package containing it or its labels shall bear any statement, design or device regarding the ingredients or the substances contained therein, which statement, design or device shall be false or misleading in any particular; provided, that an article of food which does not contain any added poisonous or deleterious ingredients shall not be deemed to be adulterated or misbranded in the following cases:

First. In the case of mixtures or compounds which may be now or from time to time hereafter known as articles of food, under their own distinctive names, and not an imitation of or offered for sale under the distinctive name of another article, if the name be accompanied on the same label or brand with a statement of the place where said article has been manufactured or produced.

Second. In the case of articles labeled, branded or tagged so as to plainly indicate that they are compounds, imitations or blends, and the word "compound," "imitation," or "blend," as the case may be, is plainly stated on the package in which it is offered for sale; provided, that the term blend as used herein shall be construed to mean a mixture of like substances, not excluding harmless coloring or flavoring ingredients used for the purpose of coloring and flavoring only; and provided further, that nothing in this act shall be construed as requiring or compelling proprietors or manufacturers of proprietary foods which contain no unwholesome added ingredient to disclose their trade formulas except in so far as the provisions of this act may require to secure freedom from adulteration or misbranding.

SEC. 4. No person, by himself, or his agents or servants, shall manufacture for sale or offer or expose for sale, or sell or exchange as butter and the legitimate product of the dairy or creamery, any article not made exclusively of milk or cream, but into which the oil or fat of animals, or any other oil not produced from milk, enter as a component part, has been introduced to take the part of cream.

SEC. 5. No person, firm or corporation shall manufacture for sale, offer or expose for sale, sell, exchange or deliver any butter that is produced by taking the original packing stock butter or other butter, or both, melting the same so that the butter fat can be drawn off or extracted, mixing said butter fat with skimmed cream or other milk product, or rechurning or reworking the said mixtures; nor shall any

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person, firm or corporation manufacture for sale, offer or expose for sale, sell, exchange or deliver, or have in his possession for any such purpose any butter which has been subjected to any process by which it is melted, clarified or refined, and made to resemble butter, which is commonly known as boiled, process or renovated butter, and which for the purpose of this act is hereby designated "renovated butter," unless the same shall be branded or marked as provided in Section 6 of this act.

SEC. 6. Whoever, himself or by his agent, or as the servant of another person, shall sell, expose for sale, or have in his custody and possession with the intent to sell or exchange any "renovated butter," as defined in Section 5 of this act, shall have the words "renovated butter" conspicuously stamped, labelled or marked in one or two lines and in plain Gothic letters, at least three-eighths of an inch square, so that the words can not be easily defaced, upon two sides of each and every tub, firkin, box or package containing said "renovated butter;" or, if such "renovated butter" is exposed or uncovered, or not in a case or package, a placard containing said words in the same form as above described in this section shall be attached to the mass in such a manner as to be easily seen and read by the purchaser. When "renovated butter" is sold from such package or otherwise at retail, in roll or other form, before being delivered to the purchaser, it shall be wrapped in wrappers plainly stamped on the outside thereof with the words "renovated butter" printed or stamped thereon in one or two lines and in plain Gothic letter at least three-eighths of an inch square, and such wrapper shall contain no other words or printing thereon, and said words "renovated butter" so stamped or printed on said wrapper shall not be in any manner concealed, but shall be in plain view of the purchaser at the time of the purchase.

SEC. 6a. Whenever any hotel, tavern, restaurant or boarding house shall knowingly serve for the use of their patrons such food as is defined in this bill as compounds, imitations, blends, renovated butter, imitation cheese, adulterated milk or adulterated lard, shall keep conspicuously posted or printed on a bill of fare, a list of the articles of food so served in plain and legible words, the brands or labels upon the original package or the constituent parts of such food article. Provided further, that all dispensers of intoxicating liquors shall keep on the bottle from which such liquor is served, a label in plain and legible letters the constituent parts and contents of such liquors served. Whoever shall fail to comply with the provisions of this section, or shall violate any of its provisions shall be deemed guilty of a misdemeanor and upon conviction shall be punished by a fine of not less than $25, nor more than $500 or by imprisonment in the county jail for not less than six months nor more than one year, or by both such fine and imprisonment. Each day

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that any of the provisions of this section is violated shall constitute a separate offense.

SEC. 7. Whoever shall violate Sections 4, 5 and 6 of this act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than $25 nor more than $500, or by imprisonment in the county jail for not less than six months nor more than one year, or by both such fine and imprisonment, for each and every offense. And each violation of this act shall constitute a separate offense.

SEC. 8. No person shall manufacture, deal in, sell, offer or expose for sale or exchange any article or substance in the semblance of or in imitation of cheese made exclusively of unadulterated milk or cream, or both, into which any animal, intestinal or offal fats or oils or melted butter in any condition or state of modification of the same or oleaginous substances of any kind not produced from unadulterated milk or cream shall have been introduced. Every manufacturer of full milk cheese or wholesaler or retailer in cheese shall put a brand upon each cheese, indicating "full milk cheese," and no person shall use such a brand upon any cheese made from milk from which any of the cream has been taken. Cheese of any other grade may be sold, provided it contains nothing injurious to health, and provided that the same shall be plainly and conspicuously labeled or stenciled "imitation cheese." No person shall knowingly offer, sell or expose for sale or exchange, in any package, cheese which is falsely branded or labeled. Whoever shall violate the provisions of this section shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than $50 nor more than $500 and the costs of prosecution, or by imprisonment in the county jail for not less than ninety days nor more than one year, or by both such fine and imprisonment for each and every offense.

SEC. 9. The provisions of this act shall not apply to substances for sale in this State made in the semblance of lard, if the ingredients or component part shall consist of pure lard, beef fat or pure stearine and cotton seed oil that is at least 1 per cent of the legitimate and exclusive fat of the hog, or pure lard, pure stearine, or beef fat and 99 per cent of pure cotton seed oil, and the tierce, barrel, tub, pail or package containing the same is distinctly and legibly branded, marked or labeled "lard compound" or "compound lard" or "lard substitute," in letters proportioned to the size of the package, and if such mixture contain any other substance than pure lard, pure stearine or beef fat or pure cotton seed oil, then the person or corporation so manufacturing shall cause the tierce, barrel, tub, pail or package containing same to be distinctly and legibly branded, marked or labeled "adulterated lard." The term "lard compound," or "compound lard," as used herein, shall include all articles

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of food used as lard or made in the semblance of lard, which shall be composed of two or more ingredients, or component parts consisting of either cotton seed oil, pure lard or hog lard, beef fat or pure stearine, the percentage of either of the two or more ingredients used to be in the discretion of the manufacturer. The term "lard substitute," as used herein, shall apply to any compound which may consist of two or more of the aforesaid ingredients or of cotton seed oil alone. Neither shall the provisions of this act apply to mixtures or compounds consisting of mixtures of beef suet, beef fat or pure stearine and cotton seed oil, or of cotton seed oil alone, when said mixtures or compounds used as ordinary articles of food, or "cooking compound," are manufactured and sold under their proper trade mark and when the tierce, barrel, tub, pail or package containing the same shall be distinctly and legibly branded or labeled in letters proportioned to the size of the package, with the name of the mixture or compound and the name and location of the person, firm or corporation manufacturing the same.

SEC. 10. Every manufacturer, dealer or trader, who, by himself or agent, or as the servant or agent of another person, offers or exposes for sale, or sells or exchanges any form of lard substitute or adulterated lard, as hereinbefore defined, shall securely fix or cause to be affixed to the package wherein the same is contained, offered for sale, or sold, a label, upon the outside and face of which is distinctly and legibly printed in letters not less than one-half inch in length, the words, "lard substitute," or "adulterated lard," or "lard compound," or other appropriate words which shall correctly express its nature and use.

SEC. 11. The having in possession of any lard substitute or adulterated lard or compound, as hereinbefore defined, which is not branded or labeled as hereinbefore required or directed, upon the part of any manufacturer, trader or dealer, or any person engaged in the sale of such articles, shall for the purpose of this act be deemed prima facie evidence of intent to sell or exchange the same.

SEC. 12. No person, firm or corporation in this State shall manufacture for sale, or sell, or offer or expose for sale or exchange, as fruit preserves, fruit jelly or fruit butter, any jelly, preserves or imitation fruit butter or other similar fruit compound made or composed in whole or in part of glucose, dextrine, starch or other deleterious substance, and colored in imitation of fruit jelly, preserves or fruit butter. Such compounds may be manufactured and sold or offered for sale, provided the coloring used shall not be injurious to health, nor shall any such jelly, fruit butter or compound be manufactured or sold, or offered for sale, under any name or designation whatever unless the same shall be composed entirely of ingredients not injurious to health, and shall not be colored in imitation of fruit jelly, provided the coloring shall not be

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injurious to health, and every can, pail or package of jelly, preserves or butter sold in this State shall be distinctly and durably labeled "imitation fruit jelly," or "imitation fruit preserves" or "imitation fruit butter," with the name of the manufacturer or dealer and the place where made. Whoever violates the provisions of this section shall be deemed guilty of a misdemeanor, and when convicted thereof shall be punished by a fine of not less than $50 nor more than $500, or by imprisonment in the county jail for not less than ninety days nor more than one year, or by both such fine and imprisonment.

SEC. 13. No packer or dealer in preserved or canned fruits and vegetables or other articles of food shall sell or offer for sale or exchange such canned articles, unless such articles shall be entirely free from substances or ingredients deleterious to health, and unless such articles bear a mark, stamp, brand or label bearing the name and address of the firm, person or corporation that packs the same or the dealer who sells the same. All "soaked or bleached goods," or goods put up from products dried before canning, shall be plainly marked, branded, stamped or labeled as such, with the words "soaked or bleached goods," in letters not less than twenty-four points in size, showing the name of the article and name and address of the packer or dealer.

SEC. 14. No person shall manufacture or sell, or offer for sale or exchange any colored, manufactured or artificial coffee berry in imitation of the genuine berry. No person shall manufacture, sell or offer or expose for sale or exchange any ground or prepared coffee which is adulterated with chicory or other substance unless such package thereof shall be distinctly labeled or marked upon the principal label with words designating the substance of such compound, mixture or blend and the percentage thereof in such mixture or blend, together with the name and address of the manufacturer or compounder or dealer.

SEC. 15. No person shall offer or expose for sale, have in his possession with intent to sell or exchange any adulterated or mixed molasses, sorghum syrup, maple syrup or glucose, unless the barrel, cask, keg, can, pail or other vessel containing same be distinctly branded or labeled upon the principal label with compound of, naming the substance of such compound or mixture and its percentage. Such barrel, cask, keg, can, pail or other vessel shall be branded or labeled in a conspicuous place; and such brands or labels shall be in letters of not less than eight point brevier.

SEC. 16. It shall be unlawful for any person to manufacture, sell, offer or expose for sale, or exchange any article of food to which has been added formaldehyde, borax, boracic acid, benzoic acid or sulphurous acid, salicylic acid, abrastol, beta-naphthol, fluorine compounds, sac-

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charin, alcohol; provided, that saccharin may be used as a sweetener only in carbonated drinks.

SEC. 17. It shall be unlawful for any person to manufacture, sell, offer or expose for sale or exchange cider not produced wholly from juice of the fruit, except that benzoate soda to the usual and necessary amount which is necessary to preserve the same, and the percentage shall be plainly stated on the keg or other container. It shall further be unlawful for any person, firm or corporation to manufacture, sell, offer or expose for sale, any beverage containing cocaine.

SEC. 18. It shall be unlawful for any person to manufacture, sell, offer or expose for sale or exchange as extracts, flavorings which are not made from the natural fruit, unless same are labeled "imitation." Provided, that the word "imitation" must immediately precede the name of the flavoring and in type the same size and style. Such flavorings shall be free from coloring matter deleterious to health.

SEC. 19. It shall be unlawful for any person to sell, offer or expose for sale or exchange any honey which has not been wholly made by bees from the natural secretions of flowers and plants, unless the same is labeled "imitation," and contains nothing that is injurious to health.

SEC. 20. It shall be unlawful for any person to manufacture, sell, offer or expose for sale any extract of lemon, essence of lemon or spirits of lemon, containing less than 5 per cent of pure oil of lemon dissolved in ethyl alcohol, or to which has been added any artificial coloring matter other than that derived from lemon peel. Any preparation containing less than 5 per cent of lemon oil dissolved in ethyl alcohol may be sold if labeled "imitation lemon extract." Provided, that the word "imitation" is in no smaller type than the name of the article, and said preparation shall contain no added coloring matter that is injurious to health.

SEC. 21. It shall be unlawful for any person to manufacture, sell, offer or expose for sale or exchange, extract of vanilla, essence of vanilla or spirits of vanilla, not wholly made from the extractive matter of vanilla beans.

SEC. 22. It shall be unlawful for any person to manufacture, sell, offer or expose for sale or exchange to the residents of this State any spices and condiments, either ground or unground, which are adulterated with any foreign substance or substances within the meaning of this article, which are injurious to health, and provided that where foreign substances are used, the package containing said article when offered for sale shall contain to word "compound." The term "spices and condiments," as used herein shall embrace all substances known and recognized in commerce as spices and used as condiments, whether the

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same be in their natural state or in the form which would result from grinding, milling or mixing, or the compounding of the natural product.

SEC. 23. Every dealer or peddler in slaughtered fresh meats. fish, fowl or game for human food, at wholesale or retail, in the transportation of such food from place to place to customers shall protect the same from dust, flies and other vermin or substance which may injuriously affect it, by securely covering it while being so transported. Every violation of the foregoing provisions shall be a misdemeanor, punishable by a fine of not less than $10 or by imprisonment in the county jail for not less than ten days.

SEC. 24. Whoever manufactures for sale within this State, or offers or exposes for sale or exchange, or sells, any baking powder or compound intended for use as a baking powder under any name or title whatsoever shall securely affix or cause to be securely affixed to the outside of every box, can or package containing such baking powder or like mixture or compound, a label distinctly printed in plain capital letters in the English language, containing the name and residence of the manufacturer or dealer, and the ingredients of the baking powder, mixture or compound. Any person who violates any provision of this section shall be punished by a fine of not less than $10 nor more than $100 for each and every offense.

SEC. 25. The taking of orders or the making of agreements or contracts by any person, firm or corporation or by an agent or representative thereof, for the future delivery of any of the articles, products, goods, wares or merchandise embraced within the provisions of this act, shall be deemed a sale within the meaning of this act.

SEC. 26. Whoever shall falsely brand, mark, stencil or label any article or product required by this act to be branded, marked, stenciled or labeled, or shall remove, alter, deface, mutilate, obliterate, imitate or counterfeit any brand, mark, stencil or label so required, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than $50 nor more than $500, or by imprisonment in the county jail for not less than six months nor more than one year, or by both such fine and imprisonment, for each and every offense.

SEC. 27. That it shall be unlawful for any corporation, firm or person, either in person or by an agent, to sell or expose for sale, within the State of Texas, any oysters, clams or other sea food product to which salicylic acid, formaldehyde or any drug or other preservative has been added or in preserving which any poisonous or deleterious substance has been used, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined not less than $5 nor more than $100, or by imprisonment in the county jail for a period of not more than ninety days, or by both such fine and imprisonment.

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Sec. 28. Whoever shall do any of the acts or things prohibited, or wilfully neglect or refuse to do any of the acts or the things enjoined by this act, or in any way violate any of its provisions, shall be deemed guilty of a misdemeanor, and where no specific penalty is prescribed by this act, shall be punished by a fine of not less than $25 nor more than $500, or by imprisonment in the county jail for a period of not more than ninety days or by both such fine and imprisonment.

SEC. 29. Within this State no person shall manufacture or offer or expose for sale, keep in possession with intent to sell, sell or exchange any flour containing any product of corn, rice or other foreign substance, unless each and every package thereof be distinctly and legibly branded or labeled "flour compound," in letters not less than one-half inch in length and be followed with the name of the maker and mill, and the location of such flouring mill.

SEC. 30. The having in possession of any "flour compound," or "meal compound," which is not branded or labeled as hereinbefore required and directed upon the part of any person engaged in the public or private sale of such article, shall, for the purpose of this act, be deemed prima facie evidence of intent to sell the same.

SEC. 31. The taking of orders or the making of agreements or contracts by any person, firm or corporation, or by an agent or representative thereof for the future delivery of any flour compound or meal compound shall be deemed a sale within the meaning of this act.

SEC. 32. It shall be unlawful for any person to manufacture, sell, or offer for sale or exchange any vinegar that does not contain at least 4½ per cent, by weight, of absolute acetic acid, or which contains any preparation of copper, lead, sulphuric acid or other injurious ingredients, or any artificial coloring matter; and in the case of apple or cider vinegar it shall contain not less than 2 per cent, by weight, of cider vinegar solids, and be the legitimate product of apple juice. Provided, that vinegar may be colored with harmless sugar color.

SEC. 33. All vinegar made by fermentation and oxidation without the intervention of distillation shall be branded "fermented vinegar," with the name of the fruit or substance from which it is made. And all vinegar made wholly or in part from distilled liquor shall be branded "distilled vinegar," and all such distilled vinegar shall be free from coloring matter added during or after distillation and from color other than pure sugar coloring or that imparted to it by distillation. And all fermented vinegar not distilled shall contain not less than three-fourths per cent, by weight, upon full evaporation (at the temperature of boiling water) of solids contained in the fruit or grain from which said vinegar is fermented, and said vinegar shall contain not less than two and a half tenths of one per cent ash or mineral matter, the same being

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the product of the material from which said vinegar is manufactured. And all vinegar shall be made wholly from the fruit or grain from which it purports to be or is represented to be made, and shall contain no foreign substance, and shall contain not less than 4 per cent, by weight, of absolute acetic acid.

SEC. 34. No person shall manufacture for sale, offer for sale, or have in his possession with intent to sell or exchange any vinegar found upon proper test to contain any preparation of lead, copper, sulphuric or other mineral acid, or other ingredients injurious to health. And all packages containing vinegar shall be marked, stenciled or branded on the head of the cask, barrel, keg or upon the receptacle containing such vinegar with the name and residence of manufacturer or dealer, together with brand required in Section 33 hereof.

SEC. 35. That it shall be unlawful for any person, either by himself or agent, to sell or expose for sale or exchange within the State of Texas any unwholesome, watered, adulterated or impure milk, or swill milk or colustrum, or milk from cows kept upon garbage, swill or any other substance in a state of fermentation or putrefaction or other deleterious substances, or from cows kept in connection with any family in which there are infectious diseases. The addition of water or ice to milk is hereby declared an adulteration.

SEC. 36. Each and every quantity of milk sold or exposed for sale or exchange contrary to the provisions of this act shall constitute a separate offense. Any person who shall refuse to permit the said Dairy and Food Commissioner, or his assistant (or assistants), to perform his duty under this act, either by refusing him entrance to his premises, or by concealing any milk, or refusing to permit any animal or milk on premises wherein the animals are kept, to be viewed and inspected as herein provided, or by in any manner hindering or resisting any said inspector or assistant inspector in the performance of his duty, shall be guilty of a misdemeanor, and punished therefor.

SEC. 37. Whoever shall adulterate by himself, or by his servant or agent, or sell, exchange or deliver, or have in his custody or possession with intent to sell or exchange the same, or expose or offer for sale, adulterated milk or milk to which water or any foreign substance or substances in any state of fermentation or putrefaction, or from sick or diseased cows, shall be guilty of a misdemeanor, and shall, for every offense, be punished by a fine not exceeding $100 or by imprisonment in the county jail not exceeding three months.

SEC. 38. Whoever shall adulterate, himself or by his agent or servant, sell, exchange or deliver, or have in his custody or possession with intent to sell or exchange the same, or expose or offer for sale or deliver

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as pure milk, any skimmed milk from which the cream or any part thereof has been removed, shall be guilty of a misdemeanor, and shall, for such offense, be punished by the penalty provided in the preceding section.

SEC. 39. Any dealer in milk who shall by himself, servant or agent, sell, exchange, or deliver, or have in his custody or possession with intent to sell, exchange or deliver the same, milk from which the fat has been removed so as to reduce same below the requirements of Section 40 of this act, unless in a conspicuous above the center upon the outside of every vessel, can or package from which any such milk is sold, the words "skimmed milk," are distinctly painted in letters not less than one inch in length, shall be guilty of a misdemeanor, and shall be punished by a fine not exceeding $100 or by imprisonment in the county jail not exceeding three months.

SEC. 40. If milk sold or offered for sale under the provisions of this act as pure milk is shown upon analysis by weight to contain more than eighty-seven and five one-hundredths per centum of watery fluid, or to contain less than twelve and fifty one-hundredths of milk solids per centum, or less fat than three per centum, or if the gravity of 60 degrees Fahrenheit, is not between 1 29-1000 to 1 33-1000, it shall be deemed to be adulterated. If milk sold or offered for sale under the provisions of this act as skimmed milk has a gravity of 60 degrees, Farrenheit, less than 1.032, and greater than 1.037, it shall be deemed to be adulterated.

SEC. 41. Whenever the Dairy and Food Commissioner, or his assistants, has reason to believe that any milk found by him is adulterated, he shall take specimens thereof and test the same with such instruments as are used for such purpose, and he shall make an analysis thereof, showing total solids, the percentage of butter, the percentage of water and the percentage of ash; and if the result of such test and analysis indicates that the milk has been adulterated or deprived of its fat below the requirements of Section 40 of this act, the same shall be prima facie evidence of such adulteration in a prosecution under this act.

SEC. 42. Authority is hereby given the common council of any city or town to appoint an inspector of milk in any such city or town and to fix his compensation, and when appointed the said inspector of milk shall have all the powers given by Section 57 of this act, and shall perform all the duties required of inspectors of milk as provided herein, and such other powers and duties as may be conferred or imposed by the ordinances of said cities or towns.

SEC. 43. Any person who shall remove the cream or any part thereof from milk, to be sold as pure milk to any factory in which milk is used

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as a material in the process of production, and any person who shall, in any manner, adulterate such milk, either by addition of water or otherwise, shall be guilty of a misdemeanor, and shall for every such offense be punished by a fine not exceeding $100 or by imprisonment in the county jail not exceeding ninety days.

SEC. 44. No person shall offer for sale, sell, exchange or deliver or have in his possession with intent to sell, exchange or deliver, any milk to which water, chemicals or preservatives, or any other fereign substance has been added. The term "milk" as used in this act shall include all milk, cream or milk in its natural state as drawn from the cow.

SEC. 45. Whoever shall do any of the acts or things prohibited, or neglect or refuse to do any of the acts or things enjoined by Section 44 of this act, or in any way violate any of its provisions shall be deemed guilty of a misdemeanor, and shall be punished by a fine of not less than $10 nor more than $100, or by imprisonment in the county jail not more than ninety days, or by both such fine and imprisonment.

SEC. 46. That any person manufacturing for sale or selling or offering to sell or exchange any candies or confectioneries adulterated by admixture of terra alba, barytes, talc or other earthly or mineral substances, or any poisonous colors, flavors or extracts or other deleterious ingredients detrimental to health, shall upon proper conviction thereof before a court of competent jurisdiction, be punished by a fine of not less than $10 nor more than $100, or imprisonment in the county jail not less than ten days nor more than thirty days, or both such fine and imprisonment.

SEC. 47. No person shall within this State manufacture, brew, distil, have or offer for sale, or sell or exchange any spirituous, vinous, or fermented or malt liquor containing any substance or ingredient not healthful to exist in spirituous, vinous, fermented or malt liquor, or which may be deleterious or detrimental to health when such liquors are used as a beverage.

SEC. 48. If any person shall adulterate any spirituous, vinous or alcoholic liquors used or intended for drink by mixing the same in the manufacture or preparation thereof or by process of rectifying or otherwise, with any deleterious drugs, substance or liquid which is poisonous or injurious to health, except as hereinafter provided, or if any person shall sell, or offer to sell, or exchange, any wine, beer or other malt, spirituous, vinous or alcoholic liquors, or if any person in this State shall import into this State any wines, malt, spirituous, vinous or intoxicating liquors, and sell, or offer for sale or exchange such liquor, the same to be adulterated, or shall sell, or offer to sell or exchange any spirituous, vinous or intoxicating liquors from any barrel, cask or other vessel containing the same, and not branded as hereinafter provided, he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be

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punished by a fine not exceeding $500 nor less than $50, and shall be imprisoned in the jail of the county not more than six months nor less than ten days, provided that the mixture of harmless coloring or flavoring ingredients or pure distilled water with whisky, shall not be construed as an adulteration under this act; but such mixture shall be a blend, and any barrel, cask or other vessel containing any such mixture shall be branded or labeled "blend."

SEC. 49. It shall be the duty of every person or persons engaged in the manufacture and sale of malt, spirituous, vinous or alcoholic liquors, or in blending or preparing the same in any way, to brand on each barrel, cask or other vessel containing the same the names or name of the persons, company or firm manufacturing, blending or preparing the same, and also these words, "containing nothing poisonous or deleterious to health;" provided, that each package of liquors sold shall have pasted, printed or written thereon a label showing whether said liquor is "blended" or "distilled."

SEC. 50. No person shall sell at wholesale or retail any ale, rum, wine, or any other malt, spirituous, or vinous liquors from any barrel, cask, or vessel, unless the same shall be branded and marked as aforesaid.

SEC. 51. If any barrel, cask or other vessel containing any drugged or poisonous liquor shall be found in the possession of any wholesale or retail dealer in liquor, or in the possession of any person holding himself out as such a dealer, it shall be deemed prima facie evidence of the violation of the provisions of this act.

SEC. 52. That no dealer shall be under the provisions of this act when he can establish a guaranty signed by thewholesaler, jobber, manufacturer, or other party residing within this State or in the United States from whom he purchases such articles, to the effect that the same is not adulterated or misbranded within the meaning of this act, designating it. Said guaranty, to afford protection, shall contain the name and address of the party making the sale of such articles to such dealer, and in such case said party or parties shall be amenable to the prosecutions, fines and other penalties which would attach, in due course, to the dealer under the provisions of this act.

SEC. 53. That on October 1st after this act shall take effect the Governor shall appoint a suitable person to be Dairy and Food Commissioner, who shall be a practical analytical chemist, and bacteriologist, which office is hereby created, and which Commissioner so appointed shall hold office until the first day of January, 1909, and until his successor is appointed and qualified. At the next regular session of the Legislature, and every two years thereafter, the Governor shall appoint a Dairy and Food Commissioner, who shall be a practical analytical chemist and bacteriologist, who shall hold his

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office for the term of two years from the 1st day of January in the year of his appointment and until his successor is appointed and qualified. The sum of $5000 is hereby appropriated out of any funds in the treasury not otherwise appropriated, for the purpose of paying the salary and other expenses of the Dairy and Food Commissioner and his assistants.

SEC. 54. The Governor shall have power to remove such Commissioner at any time in his discretion, and in case of a vacancy in the office of Commissioner from any cause, the Governor may appoint another person to fill the same.

SEC. 55. Before entering upon the duties of his office the person so appointed shall make, subscribe and file in the office of the Secretary of State an oath of office in the form prescribed by law, and shall enter into bond with the State of Texas in the sum of $10,000, with sureties to be approved by the Governor, conditioned for the faithful performance of his duties.

SEC. 56. Said Commissioner shall receive an annual salary of $2000. The said Commissioner is hereby authorized and empowered and with the advice and consent of the Governor to appoint a deputy commissioner, who shall be a practical analytical chemist. The salary of the deputy commissioner shall be $1200 per annum. The Commissioner shall appoint one stenographer for the transaction of the business of his office. Said stenographer shall receive an annual salary of not to exceed the sum of $600. The actual and necessary expenses of the Commissioner and his deputy in the performance of their official duties shall be audited by the Comptroller and paid upon his warrant drawn on the State Treasurer. Such compensations and expenses shall be certified, audited and paid in the same manner as salaries and expenses of similar offices. The deputy commissioner shall enter into bonds with the State of Texas for the sum of $5000, with sureties to be approved by the Commissioner, conditioned for the faithful performance of his duties. Office room shall be furnished in the College of Industrial Arts located at Denton, Texas, and the necessary fixtures, apparatus and the necessary stationery, supplies and printing for the conduct of the business of the said Commissioner shall be furnished by the State of Texas. Said Dairy and Food Commissioner shall be under the supervision of the Board of Directors of the College of Industrial Arts of Texas.

Provided, that the Board of Directors of said college shall have no power to supervise, direct, control, or in any manner interfere with said Dairy and Food Commissioner in the performance of the duties of his office, but the supervisory powers of said board shall only extend to the location of said office room for said Commissioner in said college and to making arrangements and agreements with said Commissioner whereby the students of said college may be enabled to get the benefit of such

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analyses and such other work of said Commissioner as may be of benefit to such students.

SEC. 57. It shall be the duty of the Dairy and Food Commissioner to carefully inquire into the quality of the dairy, food and drink products, and the several articles which are foods or the necessary constituents of food or drink which are manufactured or sold or exposed or offered for sale in this State and he may in a lawful manner procure samples of the same and make due and careful examination, and the analysis of all or any such food, drugs and drink products, to discover if the same are adulterated, impure or unwholesome, in contravention of the laws of this State, and it shall be the duty of the Commissioner to make complaint against the manufacturer or vendor thereof, in the proper county, and furnish the evidence thereon and thereof to obtain a conviction of the offense charged. The Dairy and Food Commissioner, or his deputy, or any person by him duly appointed for that purpose shall make complaint and cause proceedings to be commenced against any person for the violation of any of the laws relative to adulterated, misbranded or impure or unwholesome food, and in such case he shall not be obliged to furnish security for costs; and shall have power in the performance of his duties to enter into any creamery, factory, store, salesroom, drug store or laboratory, or place where he has reason to believe food or drink are made, prepared, sold or offered for sale or exchange, and to open any cask, tub, jar, bottle or package containing or supposed to contain any article of food or drink, and examine or cause to be examined the contents thereof, and take therefrom samples for analysis. The person making such inspection shall take such sample of such article or product in the presence of at least one witness, and he shall in the presence of such witness mark or seal such sample and shall tender at the time of taking to the manufacturer or vendor of such produce, or to the person having the custody of the same, the value thereof, and a statement in writing of the reason for taking such sample. It shall also be the duty of the Dairy and Food Commissioner to formulate, publish and enforce such rules and regulations as may be necessary to enforce this act, and he shall adopt the rulings and standards for food, food products, beverages, drugs, etc., and the methods of analysis authorized as official by the United States Department of Agriculture or the National Food Commission in so far as they are applicable.

SEC. 58. If any person shall have in his possession or control any article or articles of adulterated or misbranded food or drugs contrary to the provisions of this act, he shall be held to have possession of property with intent to use it as a means of committing a public offense, and all the provisions of the chapter in the statutes of the State of Texas relating to search warrants and proceedings thereon shall apply, except the

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officer serving the warrant, in addition to his duties as therein required, shall deliver to the Food and Dairy Commissioner, or to the person by him authorized in writing to receive the same, a perfect sample of each article seized by virtue of such warrant for the purpose of having the same analyzed, and forthwith return to the person from whom it was taken the remainder of each article seized. If any sample is found to be any character of adulterated or misbranded food, it shall be returned to and retained by the magistrate for the purposes contemplated in said chapter on search warrants, but if any sample be found not adulterated or misbranded food it may be returned to the owner or the value of the same shall be paid by the Food and Dairy Commissioner as a part of the expenses of his office to the person from whom it was taken.

SEC. 59. The Commissioner, his deputy or any person by said Commissioner duly appointed for that purpose, is authorized at all times to seize and take possession of any and all food, drugs, drinks and dairy products, substitute thereof, or imitations thereof, kept for sale, exposed for sale, exposed for exchange, held in possession or under the control of any person which in the opinion of the said Commissioner or his deputy, or such person by him duly appointed, shall be contrary to th eprovisions of this act or other laws which now exist or which may be hereafter enactde. First, the person so making suchseizure as aforesaid shall take from such goods as seized a sample for the purpose of analysis, and shall cause the remainder thereof to be boxed and sealed and shall leave the same in the possession of the person from whom they were seized subject to such disposition as shall thereafter be made thereof according to the provisions of this act. Second, the person so making such a seizure shall forward the sample so taken to the Commissioner for analysis, who shall make an analysis of the same and shall certify the results of such analysis, which certificate shall be prima facie evidence of the fact or facts therein certified to in any court where the same shall be offered in evidence. Third, if upon such analysis it shall appear that said food, drugs or dairy products are adulterated, substitutes or imitations within the meaning of this act, said Commissioner or his deputy or any person by him duly authorized, may make complaint before any justice of the peace having jurisdiction where such goods were seized, and thereupon said justice of the peace shall issue his summons to the person from whom said goods were seized, directing him to appear not less than six days nor more than ten days from the date of issuing of said summons and show cause why said goods should not be condemned and disposed of. If the said person from whom said goods were seized can not be found, said summons shall be served upon the persons then in possession of the goods. The said summons shall be served at least ten days before the time of appearance mentioned herein. If the person from whom said

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goods were seized can not be found and no one can be found in possession of said goods, and the defendants shall not appear on the return day, then said justice of the peace shall proceed in said cause in the same manner provided by the law where a writ of attachment is returned not personally served upon any of the defendants, and none of the defendants shall appear upon the return day. Fourth, unless cause to the contrary thereof is shown, or if said goods shall be found upon trial to be in violation of any of the provisions of this act or other laws which now exist, or which may be hereafter enacted, it shall be the duty of said justice of the peace to render judgment that said seized property be forfeited to the State of Texas, and that the said goods be destroyed or sold by the said Commissioner for any purpose other than to be used as food. The mode of procedure before said justice of the peace shall be the same, as near as may be, as in civil proceedings before justices of the peace. Either party may appeal to the county court as appeals are taken from justices courts, but it shall not be necessary for the State to give an appeal bond. Fifth, the proceeds arising from any such sale shall be paid into the State Treasury and credited to the general fund; provided, that if the owner or party claiming the property or goods so declared forfeited can produce and prove a written guaranty of purity signed by the wholesaler, jobber, manufacturer or other party from whom said articles were purchased, then the proceeds of the sale of such articles over and above the costs of seizure, forfeiture and sale shall be paid over to such owner or claimant to reimburse him to the extent of such surplus for his actual loss resulting from such seizure and forfeiture, as shown by the invoice. Sixth, it shall be the duty of each prosecuting attorney when called upon by said Commissioner or by any person by him authorized as aforesaid, to render any legal assistance in his power in proceedings under the provisions of this act, or any subsequent act relative to the adulteration of food, for the sale of impure or unwholesome food prducts.

SEC. 60. It shall be unlawful for the Dairy and Food Commissioner or his deputy or assistants while they hold office to furnish to any individual, firm or corporation any certificate as to the purity or excellence of any article manufactured or sold to them to be used as food, or in the preparation of food, drugs or drinks.

SEC. 61. The Commissioner shall make an annual report to the Governor on or before the 31st day of August in each year, and which shall be printed and published, which report shall cover the entire work of his number of manufactories and other places inspected and by whom, the number of specimens of food articles analyzed, and the number of com-

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plaints entered against persons for the violation of the laws relative to the adulteration of food, drugs or drinks, the number of convictions had and the amount of fines imposed therefor, together with such recommendations relative to the statutes in force as his experience may justify.

SEC. 62. Any person who shall wilfully hinder or obstruct the Dairy and Food Commissioner, or his deputy or other person or inspector by him duly authorized in the exercise of the powers conferred upon him by this act, shall be deemed guilty of a misdemeanor, and upon conviction shall be punished by a fine of not less than $10 nor more than $100, or by imprisonment in the county jail for not less than ten days nor more than ninety days, or both such fine and imprisonment.

SEC. 63. It shall be the duty of the Dairy and Food Commissioner of the State to investigate all complaints of violation of this act, and take all steps necessary to its enforcement. It shall be the duty of all prosecuting officers of this State to prosecute to completion all suits brought under the provisions of this act, upon the complaint of the Commissioner or any other citizen. It shall be the duty of all food inspectors to examine all complaints made to them of violations of this act, and to render assistance in enforcing its provisions. It shall be the duty of all city and county health officers to take cognizance of and report or prosecute all violations of this act which may be brought to their notice, or they may have cognizance of within their jurisdiction; provided, this act shall not apply before June 1, 1908, to goods on hand at the time of the passage of this act. Provided, that in the case of drugs the provisions of Section 3 of this act shall not apply to retail druggists as to goods on hand, purchased and received by them on or before June 1, 1907, where such goods were not purchased for the purpose of avoiding the provisions of this act, and where the labels on such goods bear a statement of the quantity or proportion of alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or ascetanalid, or an yderivative or preparation of any such substance contained therein.

SEC. 64. Whereas, there is now no law regulating the sale of adulterated food, drugs and drinks, and defining adulteration and materials from which they are manufactured, on the statute books of Texas, creates a public demand that such a law should be placed upon the statute books, an emergency therefore exists that the rule requiring bills to be read on three several days be suspended, and that this bill be placed upon its final passage, and the rule is hereby suspended, and that this bill take effect and be enforced from and after its passage, and it is so enacted.

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THE MINERAL WELLS MEETING OF THE STATE MEDICAL ASSOCIATION.

The last meeting of the Association held in Mineral Wells was not up to the average attendance for the last two or three years, which was undoubtedly brought about from the fact that Mineral Wells was not accessible to a very large number of the profession, and, furthermore, a great many members of the profession did not know what an interesting place Mineral Wells was, or they certainly would have attended this meeting. Unfortunately, the weather during the entire meeting of the Assocation was very disagreeable. Not only did it become quite cold, but there was a rain, and as the meetings were held in the Y. M. C. A. hall, which necessitated climbing rather a steep hill, and was somewhat inaccessible on that account, and owing to the many diversions around the wells and hotels the attendance at the section meetings was not as large as was expected.

A number of very fine scientific papers were read, and some interesting discussions had, but the program as a whole was not as large as in the past. The meeting of the Association was cut down to three days, and the first morning there was no session at all held and the last afternoon everybody was getting ready to catch his special train out, which, practically speaking, meant that

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there was really but two regular days' session of the Association for work. The House of Delegates transacted much business. There was a liberal sprinkling of politics in the Association at this meeting. But, as a whole, the State Medical Association of Texas is in a most prosperous condition; progress reported in various sections of the State, and we look forward to a successful year under the leadership of Dr. C. E. Cantrell, the newly-elected President, who is an old wheel-horse and a worker, assisted by the able Secretary, Dr. I. C. Chase, who is our most efficient editor of the *State Journal of Medicine,* and other men active in organized medicine in the State.

Had the next meeting been held in one of the larger cities of Texas, centrally located to all portions of the State, there would undoubtedly have been a very large attendance, but meeting for the second time in a smaller, and not to say accessible, place makes us feel that for the best interests of the profession, as a whole, it is a mistake to meet so far distant, and especially in small places two years in succession. The time is rapidly approaching when the State Medical Association will have to have in Texas a permanent home and meet there every alternate year.

Notes and Miscellany.

NATIONAL QUARANTINE.—L. Sexton, New Orleans, points out the advantages of a National quarantine over the present varying and often hostile regulations adopted by the different States. Uniformity of detention could be one of these, and perhaps international co-operation might be another. The temptation to deny the existence of an epidemic of yellow fever for local commercial reasons would be done away with under proper control by the general government, which would, moreover, carry higher authority and respect than would be that of the State alone. It would also equalize the burdens so that one community would not have to be at excessive charges because of the neglect of others. Finally he mentions the evils of political control in local management of quarantine, which could be done away with by efficient management by United States officers under civil service laws or under the control of the Public Health and Marine Hospital Service or the medical service of the army or navy.—*Journal A. M. A.*

SOME REMARKS ON THE RADICAL MASTOID OPERATION FOR THE CURE OF CHRONIC SUPPURATION OF THE MIDDLE EAR.—Seymour

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Oppenheimer believes that the decision concerning the radical mastoid operation for the cure of chronic middle ear suppuration offers a serious problem. In the selection of these cases a large experience rather than rigid rules is the best safeguard against the risk of delay, or of performing an unnecessary operation. However, the question as to the necessity of this operation in the absence of active complication symptoms is more and more becoming answered in the affirmative. The most important object of the operation is the thorough removal of all diseased tissue of whatever nature. A very important object is the securing of free and permanent drainage. Radical operation is absolutely contraindicated in advanced cases of pulmonary tuberculosis, and in cases of serious organic diseases. In the very aged, where the discharge has lasted for a long time without apparent inconvenience, surgical intervention may reasonably not be considered.—*Medical Record.*

THE law (*Germinal,* Art. XI) obliged old-time French pharmacists to take the following oath:

"I swear to exercise my profession with fidelity and probity. As a Christian, fearing God, I swear before God, Author and Creator of all things, that I will strictly observe, point by point, all the following articles:

1. I will live and die, in the Christian faith.
2. I will love and honor my parents, so far as possible.
3. I shall honor and serve ever faithfully the doctors in medicine who have instructed me in the knowledge of pharmacy, and shall also respect my master and teacher in drugs.
4. I swear never to lie about physicians or any master in pharmacy.
5. I shall ever endeavor to sustain the honor and glory of medicine.
6. I shall never prescribe without the advice of a physician.
7. I shall never sell purgatives to people with acute diseases without first consulting their doctor.
8. I shall not examine women's forbidden parts for the purposes of applying any medicinal remedy.
9. I shall not sell poisons to any person.
10. I shall never give a woman an abortive potion.
11. I shall not change the prescription of any physician without his previous consent.
12. I shall never use any substitute for the article prescribed.
13. I shall not order or fill the prescriptions of charlatans, empirics or alchemists.

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14. I shall keep no spoiled or inert drugs in my shop.

May the Lord prosper me as I observe this oath faithfully."

It is a great pity and shame that the modern patent medicine and substitute vendor does not take the same solemn oath that his pharmaceutical ancestor did. The modern pharmacist is all too often a mere seller of tobacco, soda water, soaps, perfumes, combs and brushes, yet there are honorable exceptions, would there were more.—*N. O. Med. Journal.*

EQUAL TO THE EMERGENCY.—"So you break our engagement, Gwendolen!" he exclaimed bitterly. "Then in your presence let me end the life which you have blighted."

Drawing forth a vial marked "poison," he put it to his lips, and drained it to the last drop. As he sank back unconscious, did the beautiful girl fling herself upon his breast in an agony of remorse and burst forth into frenzied sobs? Scarcely!

Hastily quitting the room, she returned presently, her lovely face tragic, yet composed. Kneeling beside the young man, she forced between his lips the following: (1) One cup of turpentine, (2) one pint of milk, (3) a bowl of warm soapsuds, (4) a small bottle of aromatic ammonia, (5) a cup of black coffee, (6) a glass of mustard water, (7) a gill of vinegar, (8) juice of a lemon, (9) the beaten whites of six eggs, (10) one cup of flour and water.

"Algernon," she observed coldly, as he began to revive, "it is evident you did not know that I am a graduate of a correspondence course in first aid to the injured. My one regret is that, since it was impossible for me to ascertain whether the poison you took was an acid or an alkali, I was compelled to administer all the antidotes of which we had learned."—*Woman's Home Companion.*

HIS NERVE.—A patient called at the office of a Jacksonville physician and stated his ills, and the doctor wrote a prescription and handed it to him. The patient then inquired the probable cost of getting it filled and was told about 60 cents would pay the bill. The patient then asked the doctor for the loan of that amount, and the doctor, scratching his head, drew a line through several parts of the prescription and then handed it to the patient, saying: "Now you can get it filled for a dime. Those I scratched out were for your nerves; but I see you do not need anything for them."

BLOODLESS HIP JOINT REPOSITION.—F. Mueller, Chicago, explains the frequent failures of the Lorenz treatment by an abnormal twisting of the neck of the femur. In these cases of congenital

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dislocation, the femur neck, instead of facing the socket as it normally does, points straight forward past the socket whenever the patient is placed in the erect standing position. In such a case the femur head can be only partly permanently replaced and is liable to be easily redislocated. He therefore introduces a modification of the Lorenz method by adopting a primary position with the thigh in rectangular abduction in such a way that the knee cap is turned toward the frontal plane and maintains this position by a plaster cast, reaching to the ankle joint or even to the toes. The position of the knee-cap serves in this way for the determination of the position of the femur neck. The results obtained are, he says, most satisfactory. The method does away with the brutal widening of the capsule after the operation and simplifies the after treatment. The article is illustrated.—*Journal A. M. A.*, January 26.

DERMO-VENEREAL DON'TS.—Don't prescribe salves applied to the hair to cure a scalp disease.

Don't call every sore on the penis a chancre. It might not be one.

Don't look upon gonorrhea as easy to cure. It never is.

Don't look upon itching as insignificant. It is sometimes a symptom of diabetes mellitus.

Don't promise to cure ichthyosis. It has never been done.

Don't call deformities of the skin, diseases. They are not amenable to therapeutic measures, as a rule.

Don't ask from whom a venereal trouble was contracted. If your patient wants you to know he will volunteer the information.

Don't cauterize a chancre. A chancroid may be in some cases.—*American Journal of Dermatology.*

SUPERSTITION IN TERATOLOGY.—The belief in material impressions affecting the fetus is vigorously attacked by E. T. Shelly, Atchison, Kan. While the ancient notions regarding monstrous births, which he mentions have been given up by modern authorities, he quotes from a number of recent text-books showing that the belief in maternal impressions is by no means entirely abandoned. It has, however, he says, only one argument in its support, that is, that of *post hoc ergo propter hoc.* Against this we have the scientific fact that the relation of the fetus to the mother is not one of continuity, but simply of contiguity, the mother being the host and nourisher of the developing child. The physiologic relationship between the mother and embryo is so slight that but

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for the practical difficulties involved the impregnated human ovum might be transferred from one womb to another without interrupting its development, as has actually been done in some of the lower animals. Even the blood of the mother can only reach the child by osmosis through a membranous barrier, and there is no direct nervous communication whatever. The unfortunate structural aberrations originate very early in development and often before a woman is aware of her condition, and practically always before the maternal impression, to which the anomaly is ascribed, takes place. The great objection to the superstition, however, is the baleful effect on the expectant mother, to say nothing of the bad effect it had on the study of teratology, cases which should receive careful scientific study being relegated to idle speculation on maternal impressions and fancied resemblances.—*Journal A. M. A.*

If I believed that we were unable to modify, arrest or favorably influence the progress of disease by therapeutic means * * * I for one would not accept the position of a kind of superior nurse, with a watching brief, which eminent men in our profession (who know too much pathology and too little pharmacology) have assigned to us * * * If we are only nurses let us be honest and say so, and not accept fees for healing and wonder-working which in the nature of things we are unable to accomplish.—*Dr. A. H. Bampton, in The Lancet.*

Goiter.—C. M. Mayo, Rochester, Minn., discusses the surgical treatment of goiter and the anatomy and physiology of the thyroid in its surgical aspects. He shows that surgical treatment is most satisfactory from an operative point of view, and that it gives very rapid relief in suitable cases. During the past seventeen years the Mayos have operated on 182 thyroids; 57 of these operations were for exophthalmic goiter, with seven deaths in all, and with but one in the last 22 cases. Of the other 125 operations there were but two deaths, one on the eighth day from pneumonia and the other from tracheal collapse following the removal of a carcinoma. The results have been very satisfactory in exophthalmic goiter. Of those who survived the operation, fully 50 per cent. made an early and complete recovery, and the remainder are greatly improved. The exophthalmus is often one of the last symptoms to disappear. While the Mayos used local anesthesia in many cases, they now use ether, preceded by a hypodermic of 1-6 grain morphin and 1-150 of atropin. The details of the operation are described.—*Journal A. M. A.*, January 26.

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A PHYSICIAN was talking about his patients' symptoms.

"Young, strong people don't give me enough symptoms when they are ill," he said, "but the middle aged and the aged give me too many. Thinking about their health and studying their condition all the time, the aged and the middle aged discover a symptom in every muscle, in every organ, in every limb. Thus they confuse me.

"The average sufferer of 50 or so will pour upon my head a deluge of symptoms like this:

" 'Well, doctor, I'm miserable all over. Feverish one minutte, freezing the next. I've a gnawing pain in my hip and side and back and an all-gone sensation in the stomach, with a shooting, neuralgic headache over the left e ye. I have a queer taste in my mouth, a dizziness when I stoop over and a dull ache up and down the right side, along with a kind of numbness. I cough a lot, my throat's sore and I've the earache. Appetite's fair, but not what it should be. I have a feeling of lassitude and I'm very weak. These are only a few of my main symptoms. To proceed,' etc."

"FOURTH OF JULY picnics are fine things," said Senator Chandler, "provided that enough lunch is taken along to satisfy the boyish appetite.

"When I was a boy I attended many a Fourth of July picnic, and glorious times we used to have; but now and then the food supply would be scant, and then I came home feeling like a patient convalescing from typhoid.

"You know how hungry this kind of patient is, and how light is the fare which the doctor allows him.

" 'Well,' said the doctor to one of these convalescing patients, 'how are you today? Could you eat a small chicken?'

" 'That I could,' the patient replied.

" 'What would you like it stuffed with?' asked the doctor.

" 'Well,' replied the hungry patient, 'I think I'd like to have it stuffed with another chicken.' "

A PROOF OF HIS STANDING.—A certain minister, who was famous for seizing every opportunity to point a moral, was walking one day with one of his parishioners and expostulating with him on account of his sinful ways; presently they came to a place where ice had formed on the walk, and the sinnful man's feet flew from under him, giving his a bad fall.

The minister quickly seized the chance, and looking down upon

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his said: "My friend, you see that sinners stand on slippery places."

The sinful one looked ruefully up and answered: "Yes, I see they do; but I can't."—*Judge.*

THE GALLANT DOCTOR.—"Do you think it will take, doctor?" asked the charming young girl who had just been vaccinated.

"Well," replied the gallant doctor, "if it doesn't take on an arm as pretty as that I'll have no respect for vaccine hereafter."

HER WONDERFUL ENDURANCE.—"What makes you think a woman has more endurance than a man?"

"Oh, I just have a general idea that she has; I know if you were to put me in tight shoes, a tight corset, and jab a couple of hat pins into my scalp, I'd be bughouse in five minutes."—*Houston Post.*

THE King Edward VII Sanatorium for Consumptives has been built at Midhurst, and lately was opened by their Majesties, King Edward and Queen Alexandra. The money cost of the institution was one million dollars and its equipment is probably the finest of its kind in the world. Its location in Sussex on the South Downs, is superb; it is six hundred feet above sea level, and is twelve miles inland; the grounds include about one hundred and fifty acres, the buildings and terraced gardens being sheltered on the north by pine woods. Accommodations have been made for one hundred patients, each provided with 1,730 cubic feet of air in their sleeping rooms. The walls resemble porcelain and their sanitary finish is perfect. Without doubt this splendid charity is unequalled, and it reflects the highest credit to Great Britain.

HABITUAL CONSTIPATION, VIEWED FROM THE STANDPOINT OF MODERN EVOLUTION OF DIETETICS, IS A PHYSIOLOGICAL PHENOMENON.—C. D. Spivak gives the following resume of his paper: Habitual constipation in a great many cases is due to a mistaken diagnosis. The patient makes the diagnosis himself, based upon his sensation only. Once the diagnosis is made, and then corroborated by the physician, it becomes an etiological factor. The tendency of civilized life in general and of modern dietetics in particular is toward the production of lesser quantities of fecal matter and less frequent evacuation. There is no doubt that the habit of regularity

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is beneficial, but no one should allow every unusual sensation to become a source of morbid concentration. The treatment of habitual constipation should be directed more toward rectifying the errors of the mind than those of the body. The patient should be impressed with the fact that certain foods are better absorbed than others, and that it is not imperative for the preservation of good health to have a movement of the bowels daily, nor is the small quantity indicative of disease.—*Medical Record.*

ETHYL CHLORID AS A GENERAL ANESTHETIC.—George F. Hawley, Chicago, discusses the merits of ethyl chlorid as a general anesthetic. He reviews briefly the literature on the subject and finds that various writers give diametrically different opinions. Hawley states that after several years of more or less constant use of ethyl chlorid, both in clinical and private practice, he has still to see the first case to cause him the slightest fear of uneasiness. He declares that when used with care and understanding he prefers ethyl chlorid to any other anesthetic, in short operations, except, perhaps, nitrous oxid gas. He states that the following precautions should be observed: (1) The patient should be prepared as for chloroform or ether; (2) whatever mask is used it should fit the face snugly; (3) a graduated tube with a large aperature should be used; (4) the anesthetic should be well supplied with air and as little given as possible; (5) care should be taken not to present it at first in too large a quantity, frequently a dram is sufficient for short operations; (6) the patient should rest a while after its administration, as faintness sometimes supervenes; (7) a mask should be used which does not receive the drug close to the patient's face; otherwise one is liable either to freeze the face of the patient or to cause asphyxia by the moisture from the expired air freezing on the gauze in the mask and thus preventing the free passage of air to the patient.—*Journal A. M. A.*

THE INSANE LOVERS.—John W. Stevens calls attention to this subject as one of much importance to the general practitioner who first sees these cases. They are not uncommon in asylums and in neurological practice. The patient may seem clear and rational on all other subjects, so that for some time she is considered entirely sane. The maniacal insane lovers differ in certain prominent features from those of the paranoid class. In the former group the origin of this love is always to be traced to the abnormal sexual

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excitement, increased susceptibility to stimuli, facilitated release of impulses, and the lack of the restraining influence of the ethical sensibilities in the presence of the elation and sense of well-being. At the beginning of this condition delusions and hallucinations are nearly always absent. In the paranoid case this love is only a part of a progressive and systematized delusional state. A strangely erotic element is not necessarily present. The maniacal patient often recognizes the abnormal nature of her impulses, while the paranoiac never does. The paranoiac is practically always monogamous, the maniacal often polygamous. In the latter the love disappears with the subsidence of the active symptoms of the individual attack, while in the former it remains throughout life. These patients should be carefully looked out for, not only for their own sake, but for the sake of their victims.—*Medical Record.*

BRIGGS—"How you smell of kerosene!"

Griggs—"Yes, it is the fashionable perfume nowadays. It gives one the air of possessing an automobile. I always put a little on my pocket handkerchief before I come away from home."

A BRIEF RESUME OF THE WORLD'S RECENT CANCER RESEARCH.—William Seaman Bainbridge states that cancer occurs with the same essential characteristics throughout the vertebrate creation. There is a variety of conflicting evidence in reference to the influence of diet on the development of cancer. However, cancer is comparatively rare in hot countries, especially in those whose inhabitants subsist largely on vegetable diet. With certain exceptions it seems to be prevalent where animal diet is mostly consumed. Black races are remarkably immune from cancer, yellow races are more prone to it, while the white races are the most susceptible. It occurs when the tissues are undergoing retrograde metamorphosis. Cancer is undoubtedly on the increase. The principal increase involves the alimentary tract. There are certain districts called "cancer belts." Such areas are usually low-lying and damp. Women are attacked by cancer far earlier and more often than men. Much recent experimental work points to the cell as the essential element in the development of cancer. The parasitic theory is discredited by the Harvard Commission. The report of the Imperial Cancer Research Fund destroys all known theories of the origin of cancer but proposes no new theory. Surgical treatment has been established on a firmer basis than ever before. —*Medical Record.*

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ARE WE TOO MUCH DRUGGED?—We are "too much drugged." Surely! But no one would say that to give exactly the right drug that will restore health, and exactly enough of it to do this, and no more, and no other drug, is too much drugging. The difficulty is in the miserable practice of giving a lot of drugs that we are not sure of, prescribing by the handful in the hope that some among them may be good. In prescribing drugs of whose action we know little, in mixtures for which we can give no good reason, and of whose action we are not able to judge by clinical observation.—*Am. Jour. of Clin. Med.*

Abstracts and Selections.

HOW MAY THE MEDICAL AND TEACHING PROFESSION CO-OPERATE TO IMPROVE THE MORAL, MENTAL AND PHYSICAL CONDITION OF THE YOUNG?—S. A. Knopf calls attention to the great value of prevention in this work. Prenatal influences should be looked to. A mother should suspend work two months previous to, and two months after her confinement. The mind and nervous system of the child should not be taxed to the detriment of the physical development. Up to the fifteenth year a school child should have at least nine hours' sleep in the summer and nine and a half in winter. The amount of work imposed upon many children in their homes is as disastrous in its results as it is in the factories. The writer holds child labor responsible for the frequency of tuberculosis in childhood, for the prevalence of nervous diseases, and for alcoholism in the young. Special care should be taken of the teeth, eyes, and ears. Proper food should be provided. Instruction in swimming should not be neglected. Popular hygiene and physiology, including the subjects of sexual physiology and embryology, ought to form a part of the curriculum. School farms are a valuable adjuvant in the education of children. Parents, teachers, physicians, and the government must co-operate in the attainment of these ideals.—*Medical Record.*

Libraries.

"Why, Tommy," exclaimed the Sunday school teacher, reproachfully, "you don't even seem to know what the Bible is."

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"Oh, yes, I do," replied Tommy. "It's the thing you press autumn leaves in."

Poor Tommy; he simply exemplifies the knowledge of the majority of mankind. What value is placed on the countless works, written by men of experience, and which contain investigations of interest and benefit to the readers? The majority of readers simply "go through the book" in order to say they have read it, but so far as any advantage to themselves is concerned, they might just as well never have seen the work. Why is this?

What constitutes a library? Some buy books by the yard. Others by weight, as is evidenced by the publishers of some works, stating the number of pounds the books weigh. A minority purchase books for their intrinsic value, and benefit by their ownership, because they study them. These may not possess an extensive library, but the selection is good, the volumes read understandingly, and the ideas contained considered, not from the standpoint of authority, but from a conservative and discriminating point of view. This individual possesses a library, while the one who buys by the pound or yard simply is the owner of bound volumes, and the pages between the covers might as well be blanks, as covered with printing ink.

Such libraries are simply presses for the useless autumn leaves with which persons encumber themselves, forgetting that the present and future are to be considered in their vocation, not the musty past. It is true we can and do learn much from the past, or at least we should, but this is only accomplished by comparing the work of the past with that of the present, and not by pressing the ideas into places too often forgotten, and never again brought to light.

The alert buyer is after information, no matter whether the edition is *de luxe* or not. It is not so much the outward appearance of the single volume or the series as the contents. It is the ideas, conclusions and work of the author that is valued, studied and considered, and accepted or rejected, according to the mentality and intelligence of the reader, that stamps him as a book-buyer.

Unfortunately too many physicians belong to the pound-and-yard buyer of libraries, consequently their book cases contain either a nondescript array of titles, or practically nothing but their college text-books and sample copies of medical journals. In either case the dust of time covers them, proclaiming in an unmistakable manner the fact that the volumes are not used, but that the egotism of the owner is sufficient for all his needs.—*Eclectic Medical Journal.*

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Lay Publications as a Factor in the Dissemination of Medical Knowledge.

In this age of ten-cent magazines and the omnipresent reformer, there seems to be no lack of subjects upon which the enthusiast may write his "penny-a-line," or write with the purpose of really accomplishing a measure of good. It has often appeared as if the field of medical literature, which lies in the border line between the technical and the lay mind, was inexhaustible. A number of periodicals have already established for themselves an enviable position in their manner of dealing with urgent public matters of hygienic sanitation and therapeutics. To the *Ladies' Home Journal,* perhaps more than to any other periodical, lay or medical, belongs the credit of having instituted a campaign against the widespread and indiscriminate use of patent medicines, a campaign which, having been inaugurated, has been firmly sustained by the able editor of this journal, Mr. Edward Bok. Among a number of other equally well-known lay monthlies, *McClure's Magazine* has long filled a place second to none in its efforts to arouse public interest in matters of vital importance to the public health. Only last month we had occasion to call attention to a recent article in this magazine upon the subject of the water supply of the various cities of the country. The recent article upon tuberculosis appearing in the same journal is vividly recalled, and it can not be gainsaid that this journal has done much to arouse and stimulate public interest along these lines.

A number of equally important monthly periodicals are constantly picking out some important subject bearing upon these vital questions and hammering away in a manner that must be productive of much good. The tendency, fortunately limited to a small class of journals, to ridicule the efforts of the profession in their endeavors to accomplish something for the good of mankind, must, we feel sure, carry less and less weight in the face of the efforts of those editors who are constantly treating these important questions with the sobriety and sanity which they deserve.

The last recruit among the already large number of sound journals aiding and abetting the good cause, comes in the guise of one of our best known weeklies published in New York City. In this age of the germ theory, when scoffers are still about on every hand, it is reassuring and comforting to find an editor bold enough to write as has the editor of *Collier's Weekly* anent the house-fly. We abstract the following from a recent number of that journal:

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"Now that the house-fly is making his appearance, and is likely to remain some months, it becomes our duty to observe some things to his discredit. He is a dirty beast, and danger lurks in him. Once before we wrote of him, at that time frivolously. But who can deny that he sits upon a barrel of swill, until fancy takes him to try a sugar-bowl or baby's nose? The germ theory sometimes seems elaborate, in these days, when some are found to prophesy even against the toothbrush, and against the postman's bag. Still, it remains possible to become scientific without going crazy. In attacking the fly we are safely moderate. He causes more disease in a week than aniline dyes in a month. He is more dangerous than formaldehyde in milk. The above are medical opinions which we eagerly accept. Charity covers a multitude of sins. It does not cover flies. These ranging and obscene animals should die. The only difficulty lies in killing them. Screens on kitchen doors and careful cooks may do more for health than medicine or a quiet conscience. We are not lost to all sentiments of mercy. Like the poet, we can pour regretful tenderness over the translucent small wings crushed accidentally in a book, 'pure relics of the blameless life.' From the fly's point of view he makes the most of things. Who would kill even a mosquito for doing his best? But man is devoted to himself, and these disease-bearing denizens of the air are fatal to him and his young offspring."

Literature of this sort scattered broadcast into the homes of the skeptics and "antis" and all the various cults this age has developed, can not fail to do some good.—*Cleveland Medical Journal.*

Pneumonia, With Especial Reference to the Use of Fresh Air and Saline Solution, and the Abuse of Alcohol, Opium and Other Drugs in Its Treatment.

Stephen Smith Burt advocates the use of pure, fresh air as the only rational means of combating the infection. Pneumonia is a self-limited disease, and all that we can do is to give the patient the best opportunity possible to combat the infection by means of phagocytosis. Fresh air best maintains the strength of the patient, in combination with a restricted diet, given in small quantities. Fresh air excites respiration and promotes oxidation, soothes the nerves, promotes sleep, improves the appetite, diges-

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tion, and the metabolism of the body, and lessens the cough. The liver should be assisted by diluents, diuretics and laxatives. Plenty of water should be given. Injection of physiological saline solution, or administration of ten grains of sodium chloride, five of potassium bicarbonate, and one dram of lemon juice in eight ounces of pure water every two hours will supply the means of maintaining the proper density of the blood. Expectorants, alcohol, and opium do harm rather than good. No antipyretic drugs are justifiable, since the fever is only conservative. Pleuritic pain may be allayed by the ice bag. Ammonia, strychnine, digitalis and caffeine are usful in failing heart and edema of the lungs, but should not be given as a routine treatment from the beginning. Oxygen and local applications to the chest are useless. Aconite and other depressants are harmful.—*Medical Record.*

My Portion.

What means this hurrying to and fro?
What agitates the whole world so?
What spurs each one to outdo the rest?
What is the object of their quest?

Some toil upon the arid plain
Like Babel-builders, to make a name,
Some miss life's joys and forfeit health
Seeking to gain colossal wealth.

They cut a canal and bridge a strait,
Enmesh the World in a web of Freight.
Globe-trotters tread on each other's heels,
Commerce to human heart-throb feels.

Men seek out inventions, their own works laud,
Forget they were made "in the image of God."
Not content with speeding by water and rail,
On the wings of the wind they determine to sail.

They have conquered the land from shore to shore
And are greedily reaching out after more.
The North Pole is besieged by resolute men
And soon must surrender its secrets to them.

An earthquake makes them stop for awhile,
Like a child that stumbles but goes on with a smile,
'Tis portrayed in the papers and then forgotten,
For the world is discussing the price of cotton.

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A belching volcano is to them nothing more
Than a cavern for some professor to explore,
And study its symptoms, discover the cause,
Make it obedient to natural laws.

Amid all this worry and hurry and noise,
We hear now and then, a remonstrative voice
Crying, "Back to the simple life again,
It is the best, O, ye children of men!"

But the people look on such prophets with scorn,
"We are evoluted—you are just born."
Then they surge ahead like a mighty tide
Begrudging the moment they turned aside.

I feel sorry for them! It does seem rather hard,
That in these passing events they have their reward.
That for *them*, the future holds nothing in store
But the *memory* of what they have had before.

"Remember! in thy lifetime thou receivedst good things,"
To their torment this will be the sharpest stings.
But for this we have the sure word of the Lord:
"Verily I say, They *have* their reward."

As under the ocean's restless tides
The gulf-stream all unruffled glides,
We see 'neath the aggressor's moil and mirth
This promise, "The *meek* shall inherit the earth!"

"He that spared not his own Son" the King of kings,
Shall he not *with him* freely give us all things?
Yes, God giveth us richly all things to enjoy
And addeth no sorrow therewith to annoy.

Thrones and dominions, principalities, powers,
All things in heaven and earth are ours,
Ask what ye will, ye shall not be denied.
"The Lord is *my portion*," and I am *satisfied!*

—*Rosa J. McClintock.*

Street Dirt and Public Health.

BY W. GILMAN THOMPSON, M. D., NEW YORK.

In any fair-minded discussion of the street dirt problem, it should be admitted at the first that the noxious influence of such

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dirt upon the human organism may constitute a predisposing cause of disease by maintaining a constantly irritated or congested condition of the respiratory mucosa, quite as much as it may act as a medium of the direct conveyance of disease germs. For example, the germ of tuberculosis may be derived from association with a tuberculous patient indoors, but the lowered vitality of the mucosa which favors the development of the germ may be acquired in the street. This statement applies to a large number of both acute and chronic germ diseases.

For the sake of brevity the term street "dirt" will be regarded as comprising any or all of the following ingredients:

1. The ashes, house sweepings, etc., which are freely blown about from exposed ash carts and ash barrels.

2. The excrement of horses and dogs voided in the streets, to become dried, pulverized, and distributed by winds and traffic.

3. The irritating powdered asphalt, ground from the surface of the pavements, and often mixed into a slimy paste with mud, horse dung, and the petroleum drippings from automobiles.

4. Pulverized earth, plaster, iron dust, cement, etc., derived from buildings undergoing construction or demolition, and carried about the streets in loosely constructed wagons.

5. The earth from street excavations, usually impregnated with sulphides and other products from leaking gas mains.

6. The soot from chimneys, which eventually settles in the streets and in the winter becomes visible by blackening the snow.

In addition, as less general filth factors may be added: 7. The garbage which in the tenement districts is frequently overturned into the street, especially after heavy snowstorms, when its removal is neglected.

8. Human excrement which in the crowded tenement neighborhoods is often voided by children or adults in blind dark alleys and ill-lighted streets.

When the citizen steps into his street for a short walk the opportunity is afforded him of acquiring one or more of the following maladies: A conjunctivitis or serious trauma of the cornea from a spicula of silica from a passing ash cart; a nasal catarrh of more or less severity, sometimes leading to frontal sinus diseases; middle ear diseases from irritation of the Eustachian tubes; tonsilitis, quinsy, laryngitis, bronchitis, pneumonia, broncho-pneumonia, and influenza. If he is subject to asthma, an acute attack may be precipitated, or if he is subject to chronic heart disease, irritation of

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his lungs may easily excite an attack of pulmonary congestion or edema. He may inhale the bacillus tuberculosis or develop a catarrh which makes a previously existing tuberculosis fatal. These are mainly inhalation diseases, and all are dirt diseases, which, collectively, constitute a formidable indictment against street dirt and filth. To a certain extent also they are climatic diseases, but only in the sense that frequent changes in air temperature and in degrees of air moisture may lessen vitality and cause mucous membrane irritation, but this fact must not be allowed to obscure or excuse the dirt factor. Worse climatic conditions exist elsewhere with less disease, and it is no exaggeration to state that nine-tenths of the disease of this type, i. e., the acute inhalation diseases and chronic catarrhal diseases, are due directly and chiefly to dirt inhalation.

But inhalation of dirt is not its only evil. During the winter the masses of dirt-covered snow melt slowly and modify the local climate by begetting moisture and chilliness of the atmosphere which favor the development and maintenance of coughs and colds and rheumatism. The crossings often left ankle deep in slush dammed up by sewers clogged with street refuse, make it impossible to keep the feet dry, although the pavements may be passable, and hence arises another factor in causing serious colds, congestive chills, and in women dysmenorrhea. In the tenement districts the little children whose only playground is the street are liable to have their sensitive lungs irritated, and their sensitive bodies and circulation chilled to a degree which results in causing no inconsiderable share of our infant mortality. In the tenement districts, moreover, where the street life constitutes so large an extension of the house life, the condition of the streets is most important from a social, moral and economical standpoint, and hence becomes in many ways a medical problem also. Dirt begets dirt, and the tenement dweller who looks into filthy streets only to see his overflowing garbage pail unemptied for a week and his ashcan ruthlessly tipped over on a snow bank, is likely thereafter to empty all manner of rubbish directly into the street. His hallway and his room become filled with the dirt tracked in from the street by the feet of every incomer, and he soon grows less careful in matters of domestic and personal hygiene. Among the well-to-do, an enormous quantity of moist dirt is conveyed on shoes and skirts into the houses to be warmed, dried, and finally inhaled. Moreover, dust-laden street air enters the windows in summer and the cold air boxes of furnaces in winter to be also warmed, dried, and distributed throughout the dwellings to the lungs often of delicate

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persons or those who are compelled to remain in confined, overcrowded work rooms, living rooms, and sleeping rooms.

In this city many articles of fresh food, such as milk, meat, fish, vegetables and fruits are more or less exposed to contamination by street dust, either when being delivered or kept on exhibition for sale. In this way they are coated with bacteria which may hasten decomposition, or prove injurious to the organism if ingested with raw foods.

In the tenement districts much food is sold from push carts or exposed upon the sidewalks for sale, and dust blows from the street into the cheap groceries or dairies where milk is sold. There is thus abundant opportunity for the bacteria which give rise to the fatal summer diarrheas of infants and young children, to contaminate their food directly, or by being inhaled by the infants in the streets, to enter their mouths and be subsequently swallowed with their food.

A minor, but by no means unimportant, matter is the difficulty encountered in getting convalescents out doors when the streets are in an improper condition. In winter they may not be able to endure the spinal and pelvic jarring which ensues in attempting to drive through streets riddled with deep holes, whose depth is disguised by accumulated slush and filth, or if they are to walk, they can not withstand the dust-laden air and mud-beslimed crossings. Hence, the feeble must continue to remain housed.

Distinction should be emphasized between the effects of moist and dry forms of dirt upon the public health.

So long as dirt remains moist it is relatively heavy, but also sticky. Its adhesiveness favors its being carried into dwellings, public buildings, street cars, and subways, there to be subsequently dried and pulverized. So long as it remains in the street, practically its only deleterious effect is in retaining moisture which if the streets were clean would more quickly evaporate or be drained off through proper channels. This condition reaches its maximum when snow falls upon a flooring of street dirt, and is soon commingled with it by traffic. The dirt protects the snow from speedy melting, and hence prolongs the period of dampness and chilliness in the streets, especially at night. In this manner aged, feeble, or sickly persons become easily chilled by street exposure, or by opening windows near the ground level. Exposure to such influences, popularly known as "taking cold," reduces vitality or the resisting power of the organism, and is a well known predisposing factor in the acquirement of many diseases, not only of the respiratory system, but of other types.

Dry dirt, on the other hand, remains comparatively harmless

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while at rest. But in the streets it seldom remains long at rest, being disturbed by every breeze and agitated by the wheels of vehicles, especially by the temporary vacuum created by rapid moving automobiles or street cars, and by street sweeping. The longer dry dirt remains in a given street, the more finely it becomes pulverized, and the more widely it is disseminated in the atmospheric air. When thus atomized and inhaled it acts injuriously upon all the sensitive mucous membranes of the respiratory passages, partly through mechanical irritation and trauma and partly by conveying to them and imbedding in their folds a great variety of germs. These germs are not necessarily those of specific diseases such as the *pneumococcus* or *Bacillus tuberculosis,* for such germs are known to be gilled by conditions of prolonged exposure to dryness and sunlight, whereas moisture proves favorable to their longevity. But sufficient nonspecific germs are conveyed by street dust to excite catarrhal or purulent inflammations, and by thus fostering a chronically diseased or irritated condition of the respiratory passages, the latter are rendered liable to more serious infections.

Herein lies the chief menace to health from street dirt. The danger is complicated by the fact that the sputum of patients having chronic tuberculosis, bronchitis, or nasopharyngeal catarrh, expectorated when they are at large in the streets, is swept from the sidewalks and added to the general street dirt.

It is unnecessary to adduce statistics in support of these elementary propositions, so well known by personal experience to many laymen as well as physicians. At certain seasons, when the streets of this city are presenting an exacerbation of their chronic uncleanliness, after a day or two of gusty winds, an epidemic of acute coughs and colds and catarrhs is always realized, not only among those who suffer from chronic respiratory ailments, but among those in previous health.

One of the great difficulties in obtaining permanently clean streets in New York City appears to reside in the multiplicity of authorities controlling them. Any one who has had the experience of asking for the removal of a mound of dirt from in front of his house appreciates this difficulty while he is successively referred from one bureau or department to another. Among these various authorities, all having more or less limited control over street operations, are the Bureau of Public Highways, the Bureau of Street Encumbrances, the Police Department, the Building Department, the City Gas and Water Bureaus, the Health Department, the Sewer Department, Bureau of Street Pavements—all these, *be-*

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sides the Street Cleaning Department, with its subdivision controlling the removal of garbage. Such a degree of subdivision is doubtless necessary in these days of extreme specialization in all classes of labor, but unfortunately it leaves a loophole of escape from complaints by shifting responsibility perpetually from one department to another, thus causing delay, confusion and even the unhealthful conditions to which we are more or less constantly subjected. When the "white-winged" street sweeper in the course of his leisurely peregrinations encounters a pile of filth under a stalled wagon it is easier to pass it by than get the police to cause the removal of the wagon—the responsibility is not his. When he finds a large hole left by the hydraulic mining operations of the hose-washing brigade, or perennial excavations of the gas company, and filled with manure and other forms of dirt, in lieu of pavement, it is easier to sweep gently over it than clean it, for the responsibility surely is not his. And the long suffering citizen who finally turns and complains of the foul conditions under which he is compelled to live and breathe in his own street, is met with an incomprehensible statement from the Street Cleaning Department of how many scores of miles of other streets than his own are "swept" every day, or how many other garbage pails than his own are emptied every day. Meanwhile, if he recovers from his attack of pneumonia, he will have leisure to reflect on such gratifying and altruistic statistics.

The problem is doubtless most complex and the conditions in this city most unusual, for are we not told so by each succeeding head of the Street Cleaning Department? Be this as it may, it would ill become this academy to meet merely for criticism without offering some practical proposition for betterment. I would, therefore, submit the suggestion that after further discussion of this important topic this evening, a resolution be acted upon to the effect that:

Owing to the accumulation of street dirt in this city, the health of many citizens is impaired, so as to render them frequently and unnecessarily subject to serious and often fatal respiratory diseases, and that in order to secure permanent improvement in street cleanliness, the mayor of the city be urged to appoint a commission to study and reoprt upon this matter and formulate a proper scientific plan for permanent relief from conditions which afford a constant menace to health as they now exist.

If it is to do nothing more, such a commission might at least ascertain the real reason why we can not have covered ash carts (!), but if it is to act within its proper scope, it would consider

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the whole subject from its medical aspects as well as its engineering problems, its economic side, its administrative efficiency and responsibility, and its *permanence*. Such an inquiry, moreover, should comprise a thorough study of the good results long since obtained in other large cities, and a solution of the adaptation of modern scientific methods as practiced elsewhere, to the special local difficulties in New York. Its report would furnish an appropriate basis for legislation and secure permanent relief.—*N. Y. Medical Journal.*

The Return.

"Oh, Clarence, darling, so you are home at last?"

"Yes, my precious wife. And how deliciously sweet it is to be here!"

"What ages it has been?"

"Yes, dearest, hasn't it? I thought the time would never pass!"

"And what did you do with yourself the long, long cruel hours?"

"I hardly know. Just hoped they would go as quickly as possible so that I might get to my little wifie. And you?"

"Sat and thought about you the entire time. Clarence, I don't believe you've changed a mite since you went away. It is marvelous!"

"And you, dear one, look quite as familiar as ever. I declare I should have recognized you anywhere."

"And the house—does it look familiar, too?"

"I declare it does, though it seems a long, long dream since I saw it last."

"Clarence!"

"Ethel!"

Cataclysm.

Then this young pair spent the rest of the evening renewing acquaintance with everything, for it was the first day he had gone back to the office after the wedding trip.

—*Virginia Niles Leeds.*

Queries.

Who can deny that an aching tooth is the best thing out?

When a girl turn a fellow's head, does she have to marry him behind his back?

They say the drinking man can never succeed in business; yet doesn't the toper always get a head?

Wouldn't it curtail the present-day sowing of wild oats if modern

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fathers went in more for thrashing?—*Warwick James Price in April Lippincott's.*

Don't Fall Into This Trap.

About six years ago the American Medical Association conceived the bright idea of "absorption." This society decided, in its innermost council, to reorganize the various county, district and State societies, and to allow each of them to become censors over their own membership, and advised them in very shrewd language that they might admit to membership any Eclectic or Homeopath, providing he would renounce his sectarian belief. This scheme has proven to be another case of the lamb lying down beside the lion, but the lamb is inside the lion. Many weak-kneed Eclectics and Homeopaths have fallen into the trap, and some of our strongest men as well.

The following correspondence shows that some of our best men can be wheedled into joining local county societies, and they are being plainly told that they need not renounce their sectarian belief or membership. Lately I addressed the following letter to Chicago:

April 11, 1907.

Editor Journal American Medical Association.

DEAR DOCTOR: I notice, on page 894 of your issue of March 9th, that Dr. P. D. Bixel, of Pandora, O., had become a member of your Association. Dr. Bixel graduated from the Eclectic Medical Institute in 1901, and in his sworn application to the Ohio State Board of Medical Registration asked that he be classed as an *Eclectic* physician. He is a member in good standing of the Ohio State Eclectic Medical Association, and is Secretary of the Northwestern Ohio Eclectic Medical Association.

In a letter from Dr. Bixel I learn that he was repeatedly invited to attend and join your local county society. He was neither asked to sign any constitution nor state that he did not practice a *sectarian* system. Subsequently he was asked to remit $5 for your journal, which would entitle him to a certificate of membership.

If I am not mistaken, the printed draft of the constitution, which is issued for the guidance of the local and district societies by your Association, contains the specific clause that an applicant should sign the constitution, stating plainly that he does *not* practice a *sectarian* system.

The question is, do you recognize that Eclectic and Homeopathic physicians are entitled to your membership, whilst maintaining their methods of practice, their school affiliations, and their

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independent opinions? A reply in the pages of your journal will be appreciated.

Sincerely yours,
JOHN K. SCUDDER, M. D.

Practically the same letter was addressed to the editor of the *Ohio State Medical Journal.* Neither editor saw fit to reply in his journal, but the assistant secretary of the Association in Chicago condescended to write me a letter, stating that the entire question of membership lies exclusively in the county society, practically admitting that they would admit into their high and mighty Association any practicing physician of any belief, even if he did not formally renounce his sectarian belief. This is one of the reasons why they now have a nominal membership of over 40,000.

However, all is not well with them. Many of their foremost men and some of the editors of their strongest journals have been kicking vigorously against this new scheme. They say openly that it is not right or honest to either Eclectics or Homeopaths or the Regulars of their Association to expect them to unite in membership under such a loose system. Some editors, who are more bold than others, and are not fettered by the bonds of the high and mighty council of the A. M. A., are very bitter in their remarks, and openly concede that unless it had been for the study and advance made by the sectarian systems along the line of research in materia medica, they would not have some of the valuable remedies which they have today.

Landis B. Edwards, editor of the *Virginia Semi-Monthly,* in his issue of April 26th, has written a long article on this subject as concerning the Medical Society of Virginia. He says: "In the pell-mell flurry to reorganize a few years ago, nearly all the Regular State medical societies of the country, under the influence of a *fanaticism* which was remarkable in its results, fell into the trap. The 'plan' offered some most plausible features, and these were presented in such a way as to cause some to lose sight of the ulterior effects. Whatever may be said in favor of the general reorganization plan, it yet remains that the time is not ripe for the amalgamation of the different schools of medicine. Where one holds to the tenets of the Homeopathic, or the Eclectic, or other distinctive school of practice, *let him remain in his own field of practice,* as much as the different denominations of Christians.

"*We are not in sympathy* with the idea of amalgamation of these different schools of practice in a common fraternity. If one is an honest *Homeopath* or *Eclectic,* etc.; *let him remain true to his own school.* But there are some fields common to all—such as matters of public hygiene, certain legislations, etc.—when it may be proper

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to hold conferences of all the schools for a common good, just as the denomination of churches may from time to time hold 'ecumenical councils,' etc. But when the purpose for which such conferences is accomplished, let each school or denomination return to its own legitimate work."

SCUDDER.

—*Eclectic Medical Journal.*

Books and Magazines.

AMERICAN PRACTICE OF SURGERY.—A Complete System of the Science and Art of Surgery. By representative surgeons of the United States and Canada. Editors: Joseph D. Bryant, M. D., LL. D.; Albret H. Buck, M. D., of New York City. Complete in eight volumes. Profusely illustrated. Volume three. William Wood & Company, Publishers, New York.

Part III of the splendid eight-volume set of American Practice of Surgery has just been received, and its high standard is kept up in this volume. It deals particularly with poisoned wounds, including bites and stings of animals and insects, injuries and surgical diseases, of bone diseases and injuries of joints. This work is beautifully illustrated, having splendid pictures of spiders, centipedes, gila monster, and especially of interest is the diamond rattlesnake and copper-head snake and the cobra. The work referring to rabies is of special interest. The portion of this work devoted to tuberculous diseases of the bone and joints, occupying almost 200 pages, is worth alone more than the price of the book.

Messrs. Wm. Wood & Co. are to be congratulated over keeping up the high standard set for this valuable contribution to surgical literature, and we bespeak for it a continued large patronage.

Publisher's Notes.

That New Anesthetic—Reports From the Field.

FAR SUPERIOR TO CHLOROFORM.

The Hyoscine-Morphine-Cactin Anesthetic (Abbott) has been entirely satisfactory. In obstetrics it is far superior to chloroform. No nausea, shock or disagreeable symptoms with the mother. The child is born cyanotic but comes round all right. Our county medical society has taken up the matter; all reports have been very favorable. I think it will have a national bearing

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in the increase of population, as women will cease to dread the pangs of child-bearing, and will increase the number of children born. The nation will owe you a debt of gratitude.

Trenton, Ky. J. S. DICKENSON.

TWENTY CASES SUCCESSFULLY.

I have used the H.-M.-C. Anesthetic (Abbott) successfully in twenty cases, full reports of which I have kept, as they were all hospital cases.

Trenton, Mo. J. B. WRIGHT.

JUST THE THING IN MISCARRIAGE.

I find Abbott's hypnotic anesthetic just what I have wanted for some time, and will keep a supply always on hand. In miscarriage, where the placenta must be removed under anesthesia, they are the very thing and relieve the operator of the worry of chloroform or ether. I believe them superior to the morphine and atropine hypodermic, as more lasting and certain in effect.

Guilford, Mo. A. D. BARNETT.

EXPERIENCE, NOT THEORY, COUNTS.

In the February number you printed an abstract of my reported experience with your hypnotic anesthetic (hyoscine, morphine and cactin comp., Abbott).

Since using the hyoscine, morphine and cactin tablets in a number of different cases, I would not be without them. They are valuable in obstetrical as well as surgical work, and in many other cases where morphine or hyoscine is needed. The hyoscine prolongs the rest so well in pain cases that a second dose of morphine is not needed nearly as often.

TYREE'S ANTISEPTIC POWDER.—A quantitative, qualitative, bacteriological and clinical analysis of this preparation is embodied in a most interesting little brochure, which will be mailed physicians by the manufacturer, J. S. Tyree, at Washington, D. C., free of cost upon application. We firmly believe that it is not so much what it contains that gives it its marked value, as the way in which the ingredients are combined.

For leucorrhea, gonorrhea, vaginitis, pruritus and ulcerated conditions of the mucous membrane, one to two teaspoonfuls to a pint of water three or four times a day. For scrofulous, syphilitic and varicose ulcers, apply the powder full strength or dilute with boracic acid. As an ointment, use from one to three drachms to one ounce of petroleum. For spraying the nose and throat, from twenty-five to one hundred grains to one pint of water (dissolves immediately). For immediate deodorizing and disinfecting, sprinkle the powder direct upon the object affected; the results will be instantaneous. For prickly heat, poison oak, squamous

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eczema and other conditions of a similar nature, use from one to eight teaspoonfuls to a pint of water (has proven very serviceable for these conditions). For the purposes above enumerated it hardly has an equal.

THE AMBULATORY PNEUMATIC SPLINT.—The attention of the profession is called to the advertisement of the Ambulatory Pneumatic Splint which appears on advertising page 32 of this issue of the NEWS. No doubt every physician or surgeon has from time to time in his practice cases where this ingenious mechanical device constructed strictly upon scientific principles and endorsed by leading surgeons of this country, could be made use of to great advantage to their patients. It will be worth their while to look into this and to write for descriptive literature, special prices and to thoroughly understand one of the most recent advances made along surgical lines.

AFTER the removal of alcohol, Celerina given in doses of from one-half to one ounce every four hours, is speedily followed by the most characteristic symptoms of improvement.

GASTRIC IMMOTILITY.—A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. Insufficient motility is followed by dilatation and this by excessive fermentation of the ingested food.

To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's Glycerine Tonic Comp.

Increased activity of the muscles of the stomach means improved circulation, and this in turn exerts a beneficial influence on the secretory functions. Thus, excessive fermentation and other distressing symptoms are logically overcome with actual instead of temperary improvement in the whole physical condition.

The Care of Growing Girls.

One of the most responsible tasks of the family physician is to advise parents of girls entering upon their 'teens, as to the diet, mode of life, and hygienic measures best calculated to preserve the health of budding womanhood. In dealing with these cases the practitioner is often called upon to treat the anemia which in such a large proportion of instances characterizes the unfolding of the growing girl. Full well does the family doctor grasp the meaning of this anemia, and the vast importance of combating it before it is too late,—before the impoverished condition of the blood of puberty has left its imprint upon the powers of resistance of the adult organism; has done permanent damage to the future woman and the future mother.

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SCOTT'S EMULSION

IS INDICATED IN ALL CASES IN WHICH THE PATIENT PRESENTS A CONDITION OF DEPRAVED NUTRITION

SCOTT'S EMULSION is invaluable when pallor, anaemia, loss of strength and emaciation occur without obvious cause. While taking it thin, anaemic patients become rosy and gain flesh.

It is administered with marked benefit in the treatment of chronic rheumatism, obstinate sciatica and lumbago. It improves the general nutrition and the action of all the functions.

SCOTT'S EMULSION ALWAYS HAS, NOW DOES, AND ALWAYS WILL COMPLY IN EVERY PARTICULAR WITH THE REQUIREMENTS OF THE NEW NATIONAL

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A New Book,

Diet after Weaning

We have issued this book in response to a constantly increasing demand for suggestions on the feeding and care of the child between the ages of one and two years.

We believe you will find it a useful book to put in the hands of the young mother.

The book is handsomely printed, fully illustrated and is bound in cloth. We shall be glad to furnish you copies for for your patients entirely free.

A postal card with your name and address on it will bring you a copy by return mail.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

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Unsuitable diet, an overindulgence in sweets or spices, overstudy, lack of fresh air and physical exercise, indulgence in late hours and abandonment to novel reading, to tight lacing, and other abominations of dress, contribute their quota to the causes of amenia in the growing girl. Each of these factors is, of course, removable by good common-sense advice to parents and by proper exercise of discipline. Still, when the damage has been done, we must assist nature in its generous work of restoration, and here it is that we are obliged to give that sovereign cure of impoverished blood, iron, in such form as may best be suited to these cases.

The question as to what form of iron we should give to produce the best possible effects has been solved by both experimental and clinical researches conducted during the past twenty-five years—ever since Bunge and Hamburger experimentally demonstrated the inferiority of inorganic preparations (Morat and Doyen, Traité de Physilogie, Paris, Masson 1904, I, 467). Iron, in the anemia of puberty, produces the best effects when given in a form that will stimulate digestion and increase assimilation, i. e., in the form of the peptonate. With it should always be combined that second hematinic which has been shown to enhance the value of iron,—manganese,—and the two are best given in the form of the well-known solution, styled "Pepto-Mangan (Gude)."

With this may be given, in the anemia of growing girls, minute doses of Fowler's Solution, or else equally small doses of strychnia which may be incorporated with Pepto-Mangan as indicated in individual cases.

Pepto-Mangan has a great advantage over other forms of iron medication in that it does not constipate. Girls at puberty, however, are notoriously prone to constipation. Therefore, this should receive proper attention, chiefly in the regulation of diet, including a sufficient amount of fruit, raw and cooked, and of cereals giving a large residue of cellulose.

With this method of treatment many a physician has achieved success which was rewarded tenfold, by the sight of rosy faces and bright eyes.

Deranged Uterine Function.

JAMES A. BLACK, M. D., MORGANZA, PA.

It is safe to say that to the average physician, who is confronted almost daily with the ordinary cases of suppressed and deranged uterine function, no other class of cases is so uniformly disappointing in results and yields so sparing a return for the care and time devoted to their conduct.

Patients suffering from disorders of this nature are usually drawn from the middle walk of life, and, by reason of the pressure of household duties or the performance of daily tasks incidental to their vocation, are entirely unable, in the slightest degree, to assist, by proper rest or procedure, the action of the administered remedy.

Many of these patients, too, suffer in silence for months, and

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RHEUMATISM or GOUT

prescribe

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Sample and Literature on Application

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Readily Absorbed by the Skin

without producing irritation as wintergreen or synthetic salicylic derivatives do.

Relieves Pain Promptly

when applied locally in acute or chronic rheumatism, and replaces internal administration of salicylates.

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1, 2, 4 or 16 Ounces. (Hospital Size).

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even when forced by the extremity of their sufferings to the physician, shrink from relating a complete history of their condition and absolutely refuse to submit to an examination. Authoritative medical teaching and experience unite in forcing upon the attendant a most pessimistic view of his efforts in behalf of these sufferers under such conditions.

It is in this class of practice, where almost everything depends upon the remedy alone, that a peculiarly aggravating condition of affairs exists. A very limited list of remedies of demonstrated value is presented for selection, and I believe I am not wide of the mark in saying that, in the hands of most practitioners, no remedy or combination of remedies hitherto in general use has been productive of anything but disappointment.

Some time ago my attention was drawn to Ergoapiol (Smith) as a combination of value in the treatment of a great variety of uterine disorders. Its exhibition in several cases in my hands yielded such happy results that I have used it repeatedly in a considerable variety of conditions, and with such uniformly good results that I am confirmed in the opinion that its introduction to the profession marks an era in modern therapeutics. In the treatment of irregular menstruation and attendant conditions I have found it superior to any other emmenagogue with which I am familiar, in the following particulars:

1. It is prompt and certain in its action.
2. It is not nauseating and is not rejected by delicate stomachs.
3. It is absolutely innocuous.
4. It occasions no unpleasant after-effects.
5. It is convenient to dispense and administer.

The following clinical note will afford a general idea of its action:

CASE 1.—Mrs. .... came to me presenting the following symptoms incident to a delayed menstruation: Persistent headache of a neuralgic character; dull, aching pain in limbs and lumbar region; cramp-like pains in abdomen, and considerable nausea. The menstrual period was overdue seven days, but as yet there was no appearance of flow. Her periods had always been occasions of intense suffering, but had never before been delayed. I began the use of Ergoapiol (Smith), with some misgiving owing to the irritable condition of the stomach. One capsule every three hours was administered without any aggravation of the gastric distress. In twenty hours a normal menstruation was well under way; the flow was slightly increased over the observed on former occasions. The pains had subsided. Ergoapiol (Smith) was administered, one capsule three times a day, during the menstrual period, which terminated in five days. The patient was instructed to return for a quantity of the remedy several days before the next menstrual period. She did so, and following directions, took one capsule three times a day for three days before expected menstruation. She subsequently reported that during the period—lasting five days—there had been practically no pain, and the amount of flow was, as far as she could judge, normal.

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THE TEXAS MEDICAL NEWS.

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For the Texas Medical News.

American Proctologic Society.

NINTH ANNUAL MEETING, HELD AT ATLANTIC CITY, N. J., JUNE 3 AND 4, 1907.

The President, Dr. Samuel G. Gant, in the chair.

OFFICERS ELECTED.

The following officers were elected: President, A. Bennett Cooke, M. D., Nashville, Tenn.; Vice-President, Louis J. Krouse, M. D., Cincinnati, Ohio; Secretary-Treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pa., and the Executive Council, J. Rawson Pennington, M. D., Chicago, Ill., Chairman; Samuel G. Gant, M. D., New York City, N. Y.; A. Bennett Cooke, M. D., Nashville, Tenn.; Lewis H. Adler, Jr., Philadelphia, Pa.

The place of meeting for 1908 is Chicago, Ill., the time to be announced later.

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ELECTION OF MEMBERS.

The following were elected members of the society: Dr. Jerome M. Lynch, of New York City; Dr. Jas. A. McVeigh and Dr. J. A. MacMillan, of Detroit, Mich.

The following is an abstract of the principal papers read:

PRESIDENT'S ADDRESS.

The President, Dr. Samuel G. Gant, of New York City, said "that the annual meetings of the Society were like a post graduate school where advanced information in proctology could be obtained by the members. He considered it unwise to admit to membership in the society the general surgeon and the young rectal specialists of less than five years' experience in this special work, because the membership would become too large and the papers contributed by them would not meet the requirements.

He maintained that the proctologist of the future, in order to be successful, must have a thorough literary and medical education, a hospital training and clinical facilities, and that he must be clever, industrious and persistent. He emphasized the necessity of educating both the profession and the laity as to the remarkably improved methods now employed in the handling of patients suffering from disease in the lower bowels. He also said it was the duty of the proctologist to demonstrate by his work and writing that most tubercular fistulæ were curable and that the curing of ordinary fistulæ did not tend to bring about lung or skin affections, as was formerly believed; that fecal incontinence does not follow fistula operations when the muscle is cut at a right angle and the wound is properly dressed; that many rectal diseases, such as fissures, ulcers, small fistulæ and some hemorrhoids can be operated upon under local anesthesia, and that in the majority of instances constipation and chronic diarrhea are curable by local and surgical measures.

Finally, he emphasized the fact that the etiology of many discomforts, nervous and reflex phenomena, usually attributed to the genital organs is frequently to be found in some pathologic process located in the sigmoid rectum or anus."

REPORT ON PROCTOLOGIC LITERATURE FROM JUNE, 1906, TO JUNE, 1907.

Dr. Samuel T. Earle, Baltimore, Md., read his report on Proctologic Literature, covering a period from June, 1906, to June 1907, in which he said "That, while there has been nothing startling in

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proctologic literature in the past twelve months, your committee is gratified with the steady progress in this branch of medicine and surgery, as has been reflected in the literature on this subject. Especially gratifying have been the recommendations for the radical treatment of carcinoma of the upper rectum and sigmoid, as set forth in the papers of Samuel G. Gant, W. J. and C. H. Mayo, and James P. Tuttle, in which they all recount the combined advantages of the abdominal and perineal routes, which we think will greatly lessen the likelihood of recurrences, and increase the number of permanent cures. We note with pleasure the systematic efforts that are being made in the study of the etiology of pruritus ani. The paper of Wallace of London in 1905 on the study of this question stimulated the efforts of others in this direction, and we find an excellent paper by J. C. Hill, of Boston, on the same, in the *Boston Medical and Surgical Journal,* 1906. In this article he takes the stand with Wallace that there is always a cause for this malady is which the pruritis is only a local symptom. We quote him as follows: "Pruritus ani is the symptom caused by unnatural moisture or discharges, produced either by lesions about the anus or by congestion, or some pathologic condition in the rectum or sigmoid. It is due to one of five causes. First, and by far the most important, are superficial ulcerations, or abrasions of the anal canal. Second, catarrhal diseases. Third, external hemorrhoids. Fourth, inflammation or irritation of the crypts of Morgagni. The free borders or valves of these crypts consist chiefly of nerve fibres, ganglion cells and connective tissue. When inflamed or infected, they may give rise reflexly to pruritus ani. The writer calls attention to the tits which project from the margin of these valves as accessory sense organs. When hypertrophied or elongated they cause many distressing symptoms about the anus, viz., creeping, crawling sensations and itching. Fifth, small polypi of the anal canal."

It is not only necessary to remove the exciting cause of the disease, but also to direct appropriate treatment to the unnatural conditions of the skin. In this connection your committee is glad to be able to report a number of cases of the aggravated form of this disease which had failed to respond to the usual local and constitutional methods that were successfully treated by Dr. Ball's recommendation of dividing the anal nerves. These have been reported by Drs. Mattin and Earle.

Dr. Charles B. Kelsey calls attention to the office treatment of hemorrhoids by puncture with the electric cautery. The method is

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to make numerous punctures with a pointed cautery to the internal hemorrhoids. This method has been used for the past ten years in lieu of that by injection, with most satisfactory results, and without any unfavorable effect. For the details of the method I would refer to his article in the *Therapeutic Gazette* for March 15, 1906. The reviewer would respectfully report with reference to this suggestion that about ten years ago he tried in a number of cases, but with only temporary success where the hemorrhoids were large. It answered very well in small capillary hemorrhoids. J. A. Hartwell in the *Annals of Surgery,* Philadelphia, for 1906, Vol. 43, page 146, reports a case of resection of the rectum for syphilitic stricture, with end to end anastomosis. As might have been predicted, it recurred, and while it was necessary to continue dilating, he was not hopeful of results. Your committee would remind its members that such radical measures seldom accomplish the desired results, as recurrence is almost inevitable.

"ADDITIONAL EXPERIENCE WITH A NEW PROCEDURE IN OPERATING FOR ANO-RECTAL FISTULA.

By Dr. J. R. Pennington, Chicago, Ill., who said: "I have found the employment of the seton in operating on cases of ano-rectal fistula greatly aids in preserving the contour of the anus and the functions of the sphincter muscles."

The technique in using the seton is as follows: After all of the fistulous tracts external to the sphincter are divided a probe-pointed director is passed into the bowel through the remaining tract and an incision made on its distal side. This incision should extend far enough distally to divide all or a part of the fibers of the external sphincter and in such a direction as to locate the transferred internal opening at or near the anal margin. Then, turning the knife, make an incision—Salmon's "back-cut"—on the proximal side of the tract. A seton is then passed through the opening entering the bowel and tied loosely around the tissues remaining and undivided.

The wound is dressed as after the ordinary incision operation for fistula. At the end of twenty-four to thirty-six hours the wound is redressed, care being taken to dress it so that the opening entering the bowel will be made to heal from the proximal toward the distal side. The object in doing this is to advance the final fistulous tract as far distally (toward the skin) as the case will permit, so that, if possible, it will pass through or distally to the

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fibers of the external sphincter, when the healing process is complete.

As a rule the enlarged tract entering the bowel soon closes, with the exception of the part through which the seton passes. As soon as this has occurred the seton may be removed, and by the time the external wound is healed the tract entering the bowel will possibly have closed also. Should it not, at any time later this little tract may be dissected out and the remaining fibers of the muscle sewed together, thus preserving the contour of the anus and the functions of sphincters.

"OCCULT HEMORRHOIDS FROM THE RECTUM."

By Dr. William H. Beach, Pittsburg, Pa., who stated:

1. Occult blood in the stool indicates disease high up in the gastro-intestinal tract.
2. Accompanied by certain rational symptoms, as pain localized, the origin of occult blood can be noted.
3. The discovery of blood in the stool may enable us to predict hemorrhage or prevent disaster.
4. The most frequent sources of occult blood are in the order named: Stomach, duodenum and caput coli.
5. The aloin-turpentine test, as practiced by Dr. J. Dutton Steele, of Philadelphia, is recommended.
6. Proctologists should make an examination for occult blood a routine practice in cases of anemia accompanied by diarrhea or constipation.

"ETIOLOGY AND SYMPTOMS OF FISSURE."

By Dr. C. F. Martin, of Philadelphia, Pa., who said: "The fissure is usually situated posteriorly and directly over the 'white line' of Hilton, due to the arrangement of the fibers of the external sphincter and to the fact that the anal canal has less elacticity directly over that line. Most fissures start as the result of the distention of the canal by hard feces and excessive straining at stool. Those situated anteriorly, are often seen after confinement due to the pressure of the fetal head upon the perineum.

The sentinel pile is noticed in most cases if the fissure has been present for any length of time. It is a simple inflammatory hypertrophy. Hypertrophy of the anal papillæ does not appear to be an important factor in the causation of fissure. True hypertrophy of the sphincters is rarely seen, but in its place we find an excessive irritability of the external sphincter.

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The distinctive symptom of this disease is pain or sphincteralgia, preceded by a "pain interval" of from one minute to an hour, during which time the patient has comparative comfort. The pain is caused by spasm of the sphincter compressing the nerves in the ulcer. This contraction interferes with the perianal circulation and renders the inflamed nerves more sensitive. The "pain interval" is caused by a temporary improvement in the perianal circulation produced by the straining efforts at stool.

The constipation of fissure often precedes the formation of the ulcer, an irritable sphincter being the underlying factor in the production of this condition. The constipation increases after the formation of the ulcer due to the fear of the patient of the pain following stool.

The treatment consists in the divulsion of the sphincters and the usual stimulating after treatment. The sentinel pile should be removed at the time of divulsion. Division of the external sphincter is not advised, for frequently it does not unite and eventually atrophies. Fistulæ, abscesses and fecal impaction are mentioned as frequent complications of fissure and call for appropriate treatment.

"LOCAL VS. GENERAL ANESTHESIA IN RECTAL SURGERY."

By Dr. G. B. Evans, Dayton, Ohio, who stated that "Pain naturally is the common curse and dread though relatively essential of the human family.

"The law of self-preservation when an individual is threatened with pain is at once a law of resistance, manifest by intense expectancy and defiant attitude.

"The shock incident to the terror of pain is incomparable to that which is likely to follow an abbreviated use of a general anesthetic. In consideration of the evolutionary plane occupied by the average American of today and the more remote period of his removal from the gorilla peripherial sensibility of the jungle, we are forced to conclude that he is more sensitive and in need of greater consideration for the relief of pain. Because an operation can be done painlessly, it does not follow that there will not be subsequent suffering and some, and perhaps severe, shock.

"But in this nerve block period of Creile and Pennington, and the Gant period of dermal and sub-dermal distension, we are told there is scarcely any use any more for a general anesthetic. Do we not believe as proctologists that in our operative field sensibility is most difficult to abolish, and would it not naturally appear

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that more narcosis is necessary in this kind of surgical work and as a consequence more shock? Again, would it not be possible by the combined use of general and local anesthesia less shock would ensue—and more operations could be made with success. I believe that by using the local anesthetic preceding the general anesthesia we lessen the amount of the general anesthetic appreciably, diminish the dread and fear, and consequently diminish shock and danger thereby. Therefore, the combined method of narcosis, less anesthetic, suspending shock incident to conscious dread, as well as anesthetic shock, rendering more complete operative area—consequently more satisfactory work. It is simple to operate upon prolapsing piles, but not so simple to operate upon piles above the sphincters yet demanding operative interference.

"The injections of sterile solutions disturbs the parts anatomically. The frequent punctures through the tissues invite infection, and infection trouble. You can never measure the nerve and seldom the surgical all of your patient. Its chief advantage is that occasionally you are able to do work in your office and even then unsatisfactorily.

"I fail to see the advantage of operation under local anesthesia in your office and follow your patient home and give hypodermic or morphia over the usual custom of operating at home in the first place.

"An operation for hemorrhoids is a matter of some seriousness —often attended by some shock—often bloody, and the greatest caution should be observed that asepsis be obtained.

"I do not think it best for our patients that general practitioners should be taught that aseptic precautions at the time of operation and rest at home for a few days is unnecessary. Do we not magnify the applicability of local anesthesia, will not accidents occur, are we not sacrificing perfect scientific work, are we not belittling our chosen work—a class of operations that are important and not free from danger?"

"THE SIGMOIDAL FACTOR IN CONSTIPATION."

Dr. E. A. Hamilton, Columbus, Ohio, said: "In a certain per cent of intractable cases of constipation, organic change in the wall of the sigmoid is the controlling factor. This change is entirely independent of any disturbance which may occur on the outer surface of the viscus; *e. g.*, malposition and pathologic flexures due to adhesions. The change in the gut occurs in the sub-mucous and muscular coats and consists of a round cell infiltra-

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tion of these coats, which subsequently contracts, thereby to a greater or less degree narrowing the lument of the bowel. The round cells change into spindle cells subsequently undergoing a metamorphosis into true connective tissue. The contraction of this connective tissue so narrows the caliber of the sigmoid that constipation of an obstinate type must result. This change is not always limited to the sigmoid, it frequently involves the descending colon as well; in addition to the contraction of the gut it loses also its resilience, which further adds to the difficulty of the passage of fecal debris. The etiologic factor is the absorption of bacteria and toxic products from the sigmoidal contents. The mesentery is also involved, and is thickened and shortened. The whole process is chronic, several years being required to bring on the condition. Surgery offers the only relief. An anastomosis must be effected by any suitable surgical procedure between the unaffected position of the intestinal tract above and below the lesion.

"A REPORT OF TWO CASES OF SIGMOIDOPEXY."

Dr. S. T. Earle, Baltimore, Md., who said: "That in one of the cases there was the third degree of prolapse of the rectum, the invagination of the upper part into the lower portion of the rectum; in the other case there was a very acute flexure of the sigmoid upon the rectum, both of the conditions, as is well known, are frequently due to an abnormally long meso-sigmoid. The symptoms in each case were obstinate and persistent constipation, frequent bearing down pains in the lower pelvis, a sense of weight and especially a feeling of unrelief for some hours following a stool, or an attempt at the same; associated with these local symptoms were darting pains in various parts of the body, nausea, anorexia, frequent headaches and the various neurotic symptoms that go to make up a typical case of neurasthenia. The case of invagination was diagnosed positively by a digital examination while straining at stool, the sulcus being distinctly felt with the finger; the case of acute flexure was diagnosed by means of the protoscope, the flexure being so acute that it was only possible to enter the sigmoid with the protoscope by getting the end of the latter around the flexure and pulling it aside. The flexure was so acute that it obliterated the lumen of the bowel at this point. The technique of the operation is such as is given in Tuttle & Gant's works on *Diseases of the Rectum and Anus.* I met with no special difficulty in performing the operations. The meso-sigmoid was very long in both. I was particular in pulling off

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the abdominal peritoneum where the sigmoid was to be held in apposition and also in attaching the sigmoid to the transversalis fascia. Both cases made good recoveries, except that one was retarded by a stitch abscess. The results in both cases were most satisfactory and pronounced, with almost immediate relief of the persistent and obstinate constipation, with the gradual disappearance of the neurotic symptoms. Dr. Gant has recently reported a number of sigmoidopexies and colopexies with most satisfactory results.

"Dr. Clark, in a paper read before the Medical and Gynecological Section of the Medical and Chirurgical Faculty of Maryland, on February 15, 1907, called attention to the frequent associations of gastroptosis, floating kidney and enteroptosis in the same individual."

"FECAL IMPACTION."

Dr. Lewis H. Adler, Jr., of Philadelphia, Pa., in a paper en titled "Fecal Impaction," called attention to the result of obstipation, or an attack of constipation causing an accumulation of feces in the cæcum or in any part of the colon; but the term impaction, the subject of the paper, should be usually employed when such an accumulation occurs in the pouch or ampulla of the rectum, or in the sigmoid flexure.

Attention was called to the difference between an ordinary persistent constipation and an impaction, as the latter may follow from a single attack of constipation; whereas obstinate constipation may never, or only after a long period, cause impaction. The symptoms of the two conditions are also very different, as an impaction is usually marked by a diarrhoea, whereas chronic constipation is associated with costiveness. After calling attention to the various causes of the malady under consideration and the symptoms of the same, the treatment was detailed as consisting primarily in the removal of the mass, and secondarily in the relief of the inflammation of the mucous membrane occasioned by the irritating presence of the fecal matter as well as the removal of all causes which contribute to the constipated habit, which is undoubtedly the prime factor in most cases in producing an impaction.

The easiest manner of breaking up the fecal mass is to put the patient under an anesthetic and then to forcibly divulse the sphincters, after which the mass may be disintegrated by means of the finger, a lithotomy scoop or an old-fashioned iron spoon.

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In women considerable assistance may be rendered by passing a couple of fingers into the vagina, and by this means steadying the mass so that it may be the more readily broken.

In some instances the writer was able to break up an impaction without resorting to anesthesia, simply by using the finger and sometimes by the additional use of a bivalve speculum and a rectal scoop or spoon.

Previous to resorting to instrumental aid in the removal of the impaction, the fecal mass may be softened and its passage facilitated by the use of enemas—especially is this so in cases in which the sigmoid is the part affected—in which situation material assistance can not be gained by the employment of instruments. For the purpose of administering the injection a douche-bag holding several quarts is to be preferred. The injection substance should be composed of soap and water, to which I have found the addition of glycerine of considerable benefit, a dessert-spoonful to a quart. When the impaction is in the sigmoid, the injection should be given through a Wales bougie, preferably the one modified by Dr. Dwight H. Murray, of Syracuse, New York, which is stiffer than the ordinary article sold, which latter is frequently useless for the purpose intended, as it readily doubles on itself, and a high injection is rendered impossible by its use. When this method is employed the patient should be placed in the knee-chest posture.

A word of caution should be given here as to the danger surrounding the unguarded use of drastic purgative drugs in cases of impaction. By their employment peristalsis is increased and the fecal mass softened, but the bowel in its inflamed and distended condition may be thereby the more easily ruptured, and, if in addition a stricture is present, the caliber of the gut may be entirely occluded by forcing into it the hard fecal mass with the attendant symptoms and consequences of total obstruction of the intestines. So much for the treatment of the actual impaction.

"PRURITIS ANI—IS IT A DISEASE PER SE OR MERELY A SYMPTOM?"

Dr. Louis J. Krouse, Cincinnati, Ohio, who quoted from the works of Bodenhamer, Agnew, Wright, Ball, Crepps, Gant, Matthews, Tuttle and others, their opinions regarding the etiology of this disease, and then stated, "Pruritus ani essentials is a disease which is due not to a local but to a constitutional cause, and is due to some trophic changes in the nerves supplying the parts." He further stated that the changes occurring in the skin of the

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anus and surrounding parts, namely, the hypertrophy, the loss of pliability, and the absence of pigment, can only be explained on the faulty nervous supply of the parts. He showed that an increase of pigment ought to accompany severe itching, and not a total disappearance, and finishes his article by saying that "The absorption of the normal coloring matter of the affected area does occur, notwithstanding that the epidermis was not destroyed," and said "A similar process of absorption takes place in lencoderma. All authorities acknowledge that the cause of the latter disease is to be found in the nervous system," and concluded with the statement "That pruritus ani, at least in such cases, is a disease *per se*, and not a symptom."

(a) Dr. Dwight H. Murray, of Syracuse, New York, presented a new Hemorrhoidal Clamp, which had the following qualities in combination, that make a first-class instrument, viz., scissors-shaped, parallel jaws, can be closed and released instantly without the use of a thumb screw, thereby saving much time while operating.

The Goodell dilator reversed is used as the ground principle for the lock.

(b) Dr. Dwight H. Murray, of Syracuse, New York, reported the case of a man 48 years old, who had been troubled with sciatica in the right leg for two years, and had also been a sufferer from hemorrhoids for ten years, having frequent profuse hemorrhages therefrom.

The hemorrhoids had not been treated. The sciatic nerve had been stretched and treated by various methods by a physician at his home town, included in which was the following, completed in three sittings two days apart.

At the first sitting, six hypodermic injections 1-150 gr. of atropine each were given into the sheath of the sciatic nerve. At the second sitting, seven injections of the same amount, and at the third sitting, eight injections were given as before and one extra into the nerve before it leaves the pelvis. The patient was unconscious for fourteen hours after the last sitting, very little improvement resulted.

In November, 1906, the author was first consulted, and on December 12, 1906, operated on him for internal hemorrhoids. He made the usual recovery up to the ninth day, when there was a sudden profuse secondary hemorrhage. The patient was almost exsanguinated before the author arrived.

He immediately examined, found the superior hemorrhoidal

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artery was throwing a full-sized stream; this was secured, the patient stimulated and made an uneventful but slow recovery. The patient has had no sciatic pain since the operation.

Dr. Murray concluded that inasmuch as sciatica is often symptomatic, that no such severe treatment is justified until all possible reflex causes are first removed.

The cause of the hemorrhage was probably due to the thrombus or eschar at the end of the vessel being thrown off before thorough healing had taken place, and was influenced largely by his general anemic condition before operation.

"THE TREATMENT OF ISCHIO-RECTAL AND PELVI-RECTAL ABSCESSES."

Dr. T. Chittenden Hill, of Boston, Mass., who said "That he employed general anesthesia produced with ethyl chloride for the ischio-rectal abscess and ether anesthesia for the pelvi-rectal abscess.

His experience with infiltration anesthesia has been unsatisfactory. He emphasized the importance of an early incision for perirectal abscesses, claiming that when acute symptoms have existed for a day or two, with pain and tenderness, even before there is much edema or discoloration of the skin, long before fluctuation can be detected, an incision may prevent abscess formation by allowing the escape of blood or serous exudate from the engorged blood-vessels.

He advised a T incision and breaking up the existing septa with the finger, after which the sphincters are divulsed. He believed squeezing, scraping or disinfecting an acute abscess to be a great mistake, as it only serves to destroy the new granulation tissue and to spread the infecting bacteria. For the deeper ischio-rectal and in all pelvi-rectal abscesses he recommended rubber drainage tubes, discarding their use as quickly as possible in the after-treatment.

He believed that the great majority of pelvi-rectal abscesses should be reached by perineal dissection."

"CRYPTITIS."

Dr. J. Coles Brick, Philadelphia, Pa., who said: "The anal valves and crypts, first pointed out by Morgagni, and called after his name, are found as vestigical remains of the junction of the rectal mucous membrane with the skin. They vary in number and size, but are absent in the anterior and posterior commissures. They have no known functions, but are the cause of obscure symp-

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toms, when diseased, and from the fact that the valve or covering part of the crypt may conceal the diseased area, repeated examination will fail to show the lesion, unless each crypt is probed, when tenderness or pain will be felt. A conical fenestrated speculum is the best to use, and when the diagnosis has been made the valve should be removed and the crypt converted into a raw surface, so that healing will obliterate it."

Dr. A. B. Cooke read a paper on "Observations on Certain Points in the Anatomy and Physiology of the Rectum." He expressed the view that the usual conception of the external sphincter muscle is erroneous; that under normal conditions it is not in a state of tonic contraction, but, on the other hand, is at rest and passive, the shape of the muscle and the arrangement of its fibres being such that the anal aperture is maintained in a state of passive closure. It is not conceivable that a voluntary muscle should require the constant action of nerve force to keep it in a state of rest. The only action of this muscle is to voluntarily oppose or terminate the act of defecation by tonic contraction.

With reference to the internal sphincter, the essayist observed that there is no occasion to credit this muscle with any special action in addition to that of the circular coat of the bowel, of which it is a part. By reason of its location and thickness, it probably exercises some passive sphincter control, but its chief action is undoubtedly that of a detrusor, serving to complete the expulsion of feces and keep the anal canal free of contents.

The levator ani muscles, acting together, constitute the sphincter of the proximal extremity of the anal canal. To understand this it is only necessary to remember (1) that the upper or pelvic surface of these muscles presents a deep, funnel-shaped concavity, the beginning of the anal canal being at the lowest point; (2) the strong bundles of fibres which unite immediately behind the rectum arise in front from the pubis and anterior portion of the fascial line and pass downward and backward in close relation with the lateral walls of the rectum, crossing it obliquely at the upper limit of the anal canal.

The well known difficulty of voiding urine while a costive stool is being expelled, which is usually attributed to the action of the levatores ani, is due rather to the pressure of the fecal mass upon the prostatic and membranous portions of the urethra, since, at the time of defecation, these muscles, like the sphincters, must be in a state of relaxation.

The part played by the anal canal in defecation is purely passive, except at the completion of the act when the voluntary

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muscles which enclose it are strongly contracted, expelling any remnant of feces and bringing its walls again into their normal relation when at rest of close apposition.

The essayist dissented from the commonly accepted teaching that there is an inhibitory center in the cord which presides over the action of the external sphincter and which is called into action at the time of defecation to inhibit its tonic.

The relaxation which occurs at such times seemed to him fully explained by the mechanical pressure of the descending mass upon a structure which only offers passive resistance unless contracted by voluntary effort, and which possesses sufficient resilience, independent of any nerve influence, to regain its normal form and tone as soon as the pressure is removed.

Practice of Medicine—Regulating Same.

An Act to define and regulate the practice of medicine; to create a Board of Medical Examiners for the examination and licensing of physicians and surgeons and to prescribe their qualifications; to provide for their proper registration, and to provide for the revocation of their licenses, and to fix suitable penalties for the violation of this act, and also to repeal Chapter 12 of the General Laws of Texas, passed by the Twenty-seventh Legislature, page 12, Laws of 1901, and all laws and parts of laws in conflict herewith, and declaring an emergency.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. That a board, to be known as the Board of Medical Examiners for the State of Texas, is hereby established. Said board shall consist of eleven men learned in medicine, legal and active practitioners in the State of Texas, who shall have resided and practiced medicine in this State under a diploma from a legal and reputable college of medicine of the school to which said practitioner shall belong for more than three years prior to their appointment, and no one school shall have a majority representation on said board. Said board shall be appointed by the Governor of this State within ninety days after this act shall become effective and biennially thereafter within ninety days after his inauguration, and the term of office of its members shall be two years, or until their successors shall be appointed and qualified. No member of said board shall be a stockholder or a member of the faculty or a board of trustees of any medical school. Vacancies occurring in the board shall be filled by the Governor. The word "medicine"

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as used in this section shall have the same meaning and scope as given to it in Section 13 of this act.

SEC. 2. The members of said board shall qualify by taking the oath of office before a notary public or other officer empowered to administer oaths in the county in which each shall respectively reside. At the first meeting of said board after each biennial appointment the board shall elect a president, vice-president and secretary-treasurer. Six members shall constitute a quorum. Regular meetings shall be held at least twice a year, at such times and places as shall be deemed most convenient for applicants. Due notice of such meetings shall be given by publication in such papers as may be selected by the board. Special meetings may be held upon a call of three members of the board. The board may prescribe rules, regulations and by-laws, in harmony with the provisions of this act, for its own proceedings and government for the examination of applicants for the practice of medicine and obstetrics. Said board, or any member, shall have power to administer oaths for all purposes required in the discharge of its duties, and to adopt a seal to be affixed to all of its official documents.

SEC. 3. The Board of Examiners shall preserve a record of its proceedings in a book kept for that purpose, showing name, age, place and duration of residence of each applicant, the time spent in medical study in respective medical schools, and the year and school from which degrees were granted; said register shall also show whether applicants were rejected or licensed, and shall be prima facie evidence of all matters contained therein. The secretary of the board shall, on March 1 of each year, transmit an official copy of said register to the Secretary of State for permanent record, certified copy of which, with hand and seal of the secretary of said board, or Secretary of State, shall be admitted in evidence in all courts.

SEC. 4. From and after the passage of this act it shall be unlawful for any one to practice medicine in any of its branches upon human beings within the limits of this State who has not registered in the district clerk's office of the county in which he resides his authority for so practicing, as herein prescribed, together with his age, postoffice address, place of birth, school of practice to which he professes to belong, subscribed and verified by oath, which, if wilfully false, shall subject the applicant to conviction and punishment for false swearing as provided by law. The fact of such oath and record shall be indorsed by the district clerk upon the certificate. The holder of the certificate must have

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the same recorded upon each change of residence to another county, and the absence of such record shall be prima facie evidence of the want of possession of such certificate.

SEC. 5. It is hereby made the duty of the district clerk of each county in this State to purchase a book of suitable size, to be known as the "Medical Register" of such county, and set apart one full page for the registration of each physician, and to record in the same the name and record of each practitioner who presents a certificate from the State Board of Examiners, issued under this act. The clerk shall receive the sum of $1 from each physician so registered, which shall be his full compensation for all duties required under this act. When any physician shall die or remove from the county, or have his license revoked, it shall be the duty of said clerk to make a note of facts at the bottom of the page as closing the record. On the first day of January in each year said clerk shall, on request of the board, certify to the office of the State Board of Medical Examiners a correct list of the physicians then registered in the county, together with such other information as said board may require. Any district clerk, upon conviction of knowingly violating any of the provisions of this act, shall be fined not more than $50. A copy from the medical register pertaining to any person certified to by said clerk under the seal of said court; also a certificate issued by said officer certifying that any person named has or has not registered in said office as required by this act, shall be admitted as evidence in all trial courts.

SEC. 6. Within one year after the passage of this act all legal practitioners of medicine in this State, who, practicing under the provisions of previous laws, or under diplomas of a reputable and legal college of medicine, have not already received license from a State Medical Examining Board of this State, shall present to the Board of Medical Examiners for the State of Texas documents, or legally certified transcripts of documents, sufficient to establish the existence and validity of such diplomas or of the valid and existing license heretofore issued by previous examining boards of this Sate, or exemption existing under any law, and shall receive from said board verification license, which shall be recorded in the district clerk's office in the county in which the licentiates may reside. Such verification license shall be issued for a fee of 50 cents to all practitioners who have not already received a license from the State Board of Medical Examiners of this State. It is especially provided that those whose claims to

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State licenses rest upon diplomas from medical colleges recorded from January 1, 1891, to July 9, 1901, shall present to the State Board of Medical Examiners satisfactory evidence that their diplomas were issued from bona fine medical colleges of reputable standing, which shall be decided by the Board of Medical Examiners before they are entitled to a certificate from said board. This board may, at its discretion, arrange for reciprocity in license with the authorities of other States and Territories having requirements equal to those established by this act. License may be granted applicants for license under such reciprocity on payment of $20.

SEC. 7. All applicants for license to practice medicine in this State who are not licensed under the provisions of the previous section must sucessfully pass an examination before the Board of Medical Examiners established by this act. Applicants to be eligible for examination must present satisfactory evidence to the board that they are more than twenty-one years of age, of good moral character and graduates of bona fide, reputable medical schools. Such schools shall be considered reputable within the meaning of this act whose entrance requirements and courses of instruction are as high as those adopted by the better class of medical schools of the United States, whose course of instruction shall embrace not less than four terms of five months each. Application for examination must be made in writing under affidavit to the secretary of the board, on forms prepared by the board, accompanied by a fee of $15; except when an applicant desires to practice obstetrics alone the fee shall be $5. Such applicants shall be given due notice of the date and place of examination. Applicants to practice obstetrics in the State of Texas, upon proper application, shall be examined by the board in obstetrics only, and upon satisfactory examination shall be licensed to practice that branch only; provided, this shall not apply to those who do not follow obstetrics as a profession, and who do not advertise themselves as obstetricians or midwives, or hold themselves out to the public as so practicing. In case any applicant, because of failure to pass examination, be refused a license, he or she shall, after one year, be permitted to take a second examination without an additional fee.

SEC. 8. The fund realized from the aforesaid fees shall be applied first to the payment of necessary expenses of the Board of Examiners; any remaining funds shall be applied by the order of the board to compensating members of the board in proportion to their labors.

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SEC. 9. All examinations shall be conducted in writing and in such manner as shall be entirely fair and impartial to all individuals and every school of medicine, the applicants being known by numbers, without names or other method of identification on examination papers by which members of the board may be able to identify such papers, until after the applicants have been granted licenses or rejected. Examinations shall be conducted on the scientific branches of medicine only, and shall include anatomy, physiology, chemistry, histology, pathology, bacteriology, physical diagnosis, surgery, obstetrics, gynecology, hygiene, and medical jurisprudence. Upon satisfactory examination under the rules of the board, applicants shall be granted licenses to practice medicine. All questions and answers, with grades attached, shall be preserved for one year. All applicants examined at the same time shall be given identical questions in each of the above branches. All certificates shall be attested by the seal and signed by all members of the board, or a quorum thereof.

SEC. 10. Nothing in this act shall be construed as to discriminate against any particular school or system of medical practice. This act shall not apply to dentists legally qualified and registered under the laws of this State who confine their practice strictly to dentistry; nor to nurses who practice only nursing; nor to masseurs, in their particular sphere of labor, who publicly represent themselves as such; nor to commissioned or contract surgeons of the United States Army, Navy or Public Health and Marine Hospital Service, in the performance of their duties, but such shall not engage in private practice without license from the Board of Medical Examiners; nor to legally qualified physicians of other States called in consultation, but who do not open offices or appoint places in this State where patients may be met or called to see. This act shall be so construed as to apply to persons other than licensed druggists of this State not pretending to be physicians, who offer for sale on the streets or other public places remedies which they recommend for the cure of disease.

SEC. 11. The State Board of Medical Examiners may refuse to admit persons to its examinations or to issue the certificate provided for in this act for any of the following causes:

First. The presentation to the board of any license, certificate or diploma which was illegally or fraudulently obtained, or when fraud or deception has been practiced in passing the examination.

Second. Conviction of a crime of the grade of a felony, or one

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which involves moral turpitude, or procuring, or aiding or abetting the procuring of a criminal abortion.

Third. Other grossly unprofessional or dishonorable conduct of a character likely to deceive or defraud the public; or for habits of intemperance or drug addiction calculated to endanger the lives of patients; provided, that any applicant who may be refused admittance to examination before said board shall have his right of action to have such issue tried in the district court of the county in which some member of the board shal reside.

SEC. 12. The right herein to practice medicine in this State may be revoked by any court of competent jurisdiction, upon proof of the violation of the law in any respect in regard thereto, or for any cause for which the State Board of Medical Examiners is authorized to refuse to admit persons to its examinations as provided in Section 11 of this act; and it shall be the duty of the several district and county attorneys of the State to file and prosecute appropriate judicial proceedings in the name of the State, on request of any member of said board.

SEC. 13. Any person shall be regarded as practicing medicine within the meaning of this act (1) who shall publicly profess to be a physician or surgeon and shall treat, or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method, or to effect cures thereof.

(2) Or who shall treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury by any system or method or to effect cures thereof and charge therefor, directly or indirectly, money or other compensation.

SEC. 14. Any person practicing medicine in this State in violation of the provisions of this act shall, upon conviction thereof, be fined in any sum not less than $50 nor more than $500, and by imprisonment in the county jail for a term not exceeding six months, and each day of such violation shall constitute a separate offense, and in no case shall the violator be entitled to recover anything for the services so rendered.

SEC. 15. All certificates heretofore issued by any Board of Medical Examiners in this State under any former law shall be and continue in full force and effect for one year after this act shall take effect, but not afterward, and any person who may, when this act shall take effect, be practicing within this State under the provisions of existing laws or under any exception contained therein, but without license, may, for one year thereafter, but not longer, continue in such practice, without lisence; and all such certifi-

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cates and all such rights to practice medicine shall be in all respects subject to the provisions of this act as though issued or acquired under its provisions.

SEC. 16. The terms "physician" and "surgeon" as used in this act shall be construed as synonymous, and the terms "practitioners" and "practitioners of medicine" and "practice of medicine" as used in this act shall be construed to refer to and include physicians and surgeons.

SEC. 17. All laws and parts of laws in conflict with the provisions of this act be and the same are hereby repealed.

SEC. 18. The fact that there is now no law properly regulating the practice of medicine in this State creates an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days be suspended, and the same is hereby suspended, and that this act take effect and be in force from and after its passage, and it is so enacted.

Approved April 17, 1907.

Takes effect ninety days after adjournment.

Anatomical Board—Creating Same and Defining its Duties.

An Act for the promotion of medical science by the distribution and use of unclaimed human bodies for scientific purposes through a board created for that purpose, and to prevent unauthorized uses and traffic in human bodies, and to legalize dissections and experiments by authorized persons, and declaring an emeregency.

SECTION 1. *Be it enacted by the Legislature of the State of Texas:* That the professor of anatomy and the professor of surgery of each of the medical schools or colleges now incorporated, and the several medical and dental schools and colleges which may hereafter be incorporated in this State, shall be and are hereby constituted a board, to be known as the Anatomical Board of the State of Texas, for the distribution and delivery of dead human bodies, hereinafter described, to and among such institutions as, under the provisions of this act, are entitled thereto. The professor in the medical department of the University of Texas at Galveston shall call a meeting of said board for organization at a time and place to be fixed by him within thirty days after the passage of this act. The said board shall have the power to establish rules and regulations for its government, and to ap-

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point and remove proper officers, and shall keep full and complete minutes of its transactions, and records sufficient for identification shall also be kept under its direction, of all bodies received and distributed by said board and of persons to whom the same may be distributed, which minutes and records shall be open at all times to the inspection of each member of said board and of any district attorney or county attorney of this State.

SEC. 2. All public officers, agents and servants, and all officers, agents and servants of any county, city, town, district or other municipality, and of any and every almshouse, prison, morgue, hospital, or any other public institution, other than the State Orphans' Home, the Confederate Home, the State Blind Institute and the State Deaf and Dumb Institutes, Insane Asylum and Epileptic Colony, or any other home for the indigent or other eleemosynary institution maintained by the State, having charge of, or control of, dead human bodies required to be buried at public expense, are hereby required after notification in writing by said board of distribution or its duly authorized officers, or persons designated by the authorities of said board, then and thereafter to announce to said board, its authorized officer or agent, whenever such body or bodies come into his or their possession, charge or control, and shall without fee or reward greater than the value of such fee as may be paid in any county, city, town or municipality at the time of the enactment of this law for the burial of pauper bodies, deliver such body or bodies, and permit and suffer the said board and its agents and the physicians and surgeons, from time to time designated by them, who may comply with the provisions of this act, to take and remove all such bodies as are not desired for post-mortem examinations by the medical staff of public hospitals or institutions for the insane, to be used within this State for the advancement of medical science; but no such notice need be given, nor any such body be delivered if any person claiming to be and satisfying the authorities in charge of such body that he or she is of a kindred or is related by marriage to the deceased, or is a bona fide friend or representative of an organization of which the deceased was a member, shall claim the body for burial, but it shall be surrendered without cost to such claimant for interment or shall upon such claimant's request be interred in the manner provided for the interment of bodies not coming within the operation of this act; nor shall notice be given for the body to be delivered if the deceased died of contagious disease, save tuberculosis, or syphilis; nor shall notice be given if such deceased person were a traveler

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who died suddenly, in which case the body shall be buried. It is further required that due effort be made by those in charge of such almshouse, prison, morgue, hospital or other public institution having charge or control of such dead human bodies, to find kindred or relatives of such deceased and notify him or her of the death, and failure to claim such body by kindred or relation within twenty-four hours after receipt of such notification shall be recognized as bringing such body under the provisions of this act, and delivery shall be made as soon thereafter to said board, its officers or agents as may be possible. Such person in charge of such public institution shall file with the county judge an affidavit that he has made diligent inquiry and stating such inquiry as he has made. In case a body is claimed by relatives within ten days after it has been delivered to the institution or person entitled to receive the same under the provisions of this act, it shall be delivered to them for burial and without cost.

SEC. 3. The said board, or their duly authorized agents, may take and receive such bodies so delivered as aforesaid, and shall, upon receiving them, distribute and deliver to and among the schools, colleges, physicians and surgeons aforesaid in the manner following: Those bodies needed for lecture and demonstration in the said incorporated schools and colleges, shall first be supplied; the remaining bodies shall then be distributed proportionately and equitably, the number assigned to each to be based upon the number of students receiving instruction or demonstration in normal or morbid anatomy and operative surgery, which number shall be certified by the dean of each school or college to the board at such times as it may direct. Instead of receiving and delivering said bodies themselves through their agent or servant, the said board may from time to time, either directly or by their designated officer or agent, authorize physicians and surgeons who shall receive them, and the number which each shall receive.

SEC. 4. The said board may employ public carriers for the conveyance of said bodies, which shall be carefully deposited, with the least possible public display. Sender shall keep on permanent file a description by name, color, sex, age, place and cause of death of each body transmitted by him; or where the body shall be one of a person unknown, the color, age, sex, place and supposed cause of death, and any other data available for identification, such as scars, deformities, etc., shall be put on record. A duplicate of this description shall be mailed or otherwise safely conveyed to the person or institution to whom the body is being sent, and the person or

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institution receiving such body shall, without delay, mail or otherwise safely convey to sender a receipt for the same in the full terms of the description furnished by sender. All these records shall be filed in a manner to be determined by the board so that they may be at any time available for inspection by the board or any district or county attorney of this State.

SEC. 5. Any and all schools, colleges and persons who may be designated by said Anatomical Board of the State of Texas shall be, and are, by this act authorized to dissect, operate upon, examine and experiment upon such bodies hereinbefore described and distributed for the furtherance of medical science; and such dissections, operations, examinations and experiments shall not be considered as amenable under any already existing laws for the prevention or mutilation of dead human bodies. Such persons, schools or colleges shall keep a permanent record, sufficient for identification of each body received from such anatomical board of agent, which record shall be subject to inspection by the board or its authorized officer or agent. The said anatomical board shall also have power to authorize incorporated schools or colleges and individual physicians and surgeons to experiment on the lower animals under bond as hereinafter designated.

SEC. 6. No school, college, physician or surgeon shall be allowed or permitted to receive any such body or bodies until bond shall have been given to the State bu such physician or surgeon, or by or in behalf of such school or college, to be approved by the clerk of the county court in and for the county in which such physician or surgeon may reside, or in which such school or college may be situated, and to be filed in the office of said clerk, which bond shall be in the penal sum of $1000, conditioned that all such bodies which the said physician or surgeon or said college shall receive thereafter shall be used and all such experiments on the lower animals shall be conducted only for the promotion of medical science; and whosoever shall sell or buy such body or bodies, or in any way traffic in the same, or shall transmit or convey or cause or procure to be transmitted or conveyed, said bodies to any place outside of the State, shall be guilty of a misdemeanor, and shall on conviction be liable to a fine not exceeding $200 for each offense or to be imprisoned for a term not exceeding two years in the county jail.

SEC. 7. Neither the State nor any county, nor municipality, nor any officer, agent or servant thereof, shall be at any expense by reason of the delivery or distribution of any such body, but all

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expense thereof, and of said board of distribution shall be paid by those receiving the bodies in such manner as may be specified by said Anatomical Board of the State or Texas, or otherwise agreed upon.

SEC. 8. That any person having duties imposed upon him by the provisions of this act who shall refuse, neglect or omit to perform said duties, or any of them, as hereby required, shall, on conviction thereof, be liable to a fine of not less than $100 nor more than $500 for each offense.

SEC. 9. No compensation other than actual traveling expenses shall be received for their services in this capacity by members of this board.

SEC. 10. That all acts and parts of acts inconsistent with this act be and the same are hereby repealed.

SEC. 11. The fact that the incorporated medical schools of this State are unable to secure subjects for anatomic dissection, and their efficiency is thereby impaired, creates an imperative public necessity and an emergency, and, therefore, the constitutional rule requiring all bills to be read on three several days is hereby suspended, and this act takes effect from and after its passage.

Approved April 3, 1907.

Takes effect ninety days after adjournment.

Relating to the Adoption of Children.

An Act to amend Title 1 of the Revised Civil Statutes of the State of Texas of 1895, relating to adoption of children, by adding thereto Article 2a, providing for the transfer, by the natural to the adoptive parents, of the custody and parental authority over an adopted child.

SECTION 1. *Be it enacted by the Legislature of the State of Texas:* That Title 1 of the Revised Civil Statutes of the State of Texas be amended by adding thereto Article 2a, which shall read as follows, towit:

Article 2a. The parent or parents of any child who is to be adopted as provided in Articles 1 and 2 of this title, may, by an instrument in writing, duly signed and authenticated or acknowledged as deeds are required to be, transfer their parental authority and custody over said child so adopted to the party so adopting such child, and after the execution of such an instrument of writing duly acknowledged or authenticated as aforesaid, they shall

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thereafter be barred from exercising any authority, control or custody over said child as against the party so adopting him; and the child or children so adopted shall have the same rights as against the person or persons adopting said child or children for support and maintenance, and for proper and humane treatment, as a child has, by law, against lawful parents; provided, however, that it shall be unlawful for any person adopting any children under this act to transfer his authority and custody to any other person; provided further, that nothing in this article shall prevent a court of competent jurisdiction from taking away from such adoptive parents the custody of the adoptive child and awarding the same to its natural parents, or either of them, or to any other person, upon proof of the bad moral character of such adoptive parents or upon proof of abuse, neglect, or ill treatment of such adopted child by the adoptive parent. Provided, that no white child can be adopted by a negro person or a negro child adopted by a white person.

Approved March 26, 1907.

Takes effect ninety days after adjournment.

Abortion—Defining Same and Providing Punishment.

An Act to amend Article 641 of the Penal Code of the State of Texas, relating to abortion, and defining the meaning of that term, and providing punishment for those guilty of the offense of abortion as defined.

SECTION 1. *Be it enacted by the Legislature of the State of Texas:* Article 641. If any person shall designedly administer to a pregnant woman, or knowingly procure to be administered with her consent, any drug or medicine, or shall use toward her any violence, or means whatever, externally or internally applied, and shall thereby procure an abortion, he shall be punished by confinement in the penitentiary not less than two nor more than five years; if it be done without her consent, the punishment shall be doubled.

By the term "abortion" is meant that the life of the fetus or embryo shall be destroyed in the woman's womb, or that a premature birth thereof be caused.

SEC. 2. The fact that Article 641 of the Penal Code, which relates to the offense of abortion, does not define said offense, and is therefore inoperative, creates an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house, should be, and is hereby

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suspended, and that this act take effect and be in force from and after its passage, and it is so enacted.

Approved March 20, 1907.

Takes effect ninety days after adjournment.

State Board of Pharmacy—Creating Same.

An Act to establish the Texas State Board of Pharmacy, and to prescribe the power and duties of said board, and to regulate the practice of pharmacy, and the licensing of pharmacists and the compounding and sale of medicines, drugs and poisons in the State of Texas, and to provide penalties for any infringement of the provisions of this act, and to repeal all laws in conflict herewith.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. That it shall be unlawful for any person not licensed as a pharmacist, within the meaning of this act, to conduct or manage any pharmacy, drug or chemical store, apothecary shop or other place of busines for the retailing, compounding or dispensing of any drug, chemical or poison, or for the compounding of physician's prescriptions, or to keep exposed for sale at retail any drug, chemicals or poisons, except as hereinafter provided, or for any person not licensed as a pharmacist or assitant pharmacist, within the meaning of this act, to compound, dispense or sell at retail any drug, chemical, poison, or pharmaceutical preparation upon the prescription of a physician, or otherwise, or to compound physician's prescriptions, except as an aid to, or under the supervision of a person licensed as a pharmacist under this act. And it shall be unlawful for any owner or manager of a pharmacy, or drug store, or other place of business, to cause or permit any other than a person licensed as a pharmacist or assistant pharmacist to compound, dispense, or sell at retail any medicine or poison, except as an aid to or under the supervision of a person licensed as a pharmacist. Provided, however, that nothing in this section shall be construed to prevent any person from engaging in the business herein described as proprietors and owners thereof, provided such proprietors or owners shall have employed in his business to conduct same some one qualified under this act, nor to interfere with any legally registered practitioner of medicine or dentistry in the compounding of his prescriptions, or to prevent him from supplying his patients such medicine as he may deem proper, nor with exclusively wholesale business of any dealer who shall be licensed

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as a pharmacist, or who shall keep in his employ at least one person who is licensed as a pharmacist, nor with the selling at retail of non-poisonous domestice remedies, nor with the sale of patent or proprietary preparations, when sold in unbroken packages, nor with the sale of poisonous substances which are sold exclusively for use in the arts, or for use as insecticides, when such substances are sold in unbroken packages bearing a label having plainly printed upon it the name of the contents, the word poison and the names of at least two readily obtainable antidotes.

SEC. 2. All persons heretofore registered by district boards as pharmaceutical examiners shall, upon presenting proof of such registration in accordance with the law regulating the practice of pharmacy then in force, and the payment of $1, be entitled to a certificate of registration as licensed pharmacist, under the meaning of this act, from the State Board of Pharmacy, without examination. Such application shall be made to the State Board of Pharmacy within ninety days after the first meeting of said board. Proprietors and employes of such proprietors who are actively engaged in the preparation of physician's prescriptions, and compounding and vending of medicines in towns of less than 1000 inhabitants in the State of Texas, and also properietors and employes of such proprietors who shall become so engaged in such towns during the next five years after the passage of this act, shall be exempt from examination, provided he or she will register as required in this act, and upon paying said Board of Pharmacy $1, shall receive a certificate of registration which shall entitle such person to practice pharmacy in towns of 1000 inhabitants or under. Provided, that should such person fail to apply for registration within ninety days from and after the first meeting of said board, said party shall be required to pay the same fee as in original registration. Every person who shall hereafter desire to be licensed as a pharmacist, shall file with the secretary of the Board of Pharmacy an application upon blanks furnished by the Board of Pharmacy for that purpose, duly verified under oath, setting forth the name and age of the applicant, the place or places at which, and the time spent in the study of the science and art of pharmacy, the experience in the compounding of physician's prescriptions which the applicant has had under the direction of a legally licensed pharmacist, and shall appear at a time and place designated by the Board of Pharmacy, and submit to an examination as to his or her qualifications for registration as a licensed pharmacist or assistant pharmacist; provided, however,

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if any applicant should fail to pass a satisfactory examination, he or she may at any subsequent meeting of the Board of Pharmacy, within six months, be permitted to be re-examined, without cost.

SEC. 3. In order to be licensed as a pharmacist within the meaning of this act, an applicant shall be not less than twenty-one years of age, and shall have been licensed as an assistant pharmacist for not less than two years prior to his application for license as a pharmacist, or he shall present to the Board satisfactory evidence that he is a graduate of a reputable school or college of pharmacy, or that he has had four years' practical experience in pharmacy under the instruction of a pharmacist, and he shall also pass a satisfactory examination by or under the direction of a Board of Pharmacy. In order to be licensed as an assistant pharmacist within the meaning of this act, an applicant shall not be less than eighteen years of age, and shall have a sufficient preliminary general education, and shall have not less than two years' experience in pharmacy, and shall pass a satisfactory examination by or under the direction of the Board of Pharmacy. Provided, however, that in the case of persons who have attended a reputable school or college of pharmacy, the actual time of attendance at school or college of pharmacy may be deducted from the time of experience required of pharmacist and assistant pharmacist, but in no case shall less than two years' experience be required for registration as a licensed pharmacist.

SEC. 4. If the applicant for license as a pharmacist or assistant pharmacist has complied with all the requirements of the two preceding sections the Board of Pharmacy shall enroll his name upon the register of pharmacist or assistant pharmacist, and issue to him a license which shall entitle him to practice as pharmacist or assistant pharmacist for a period of two years from the date of said license. The Board of Pharmacy may refuse to grant a license to any person guilty of felony or gross immorality, or who is addicted to the use of alcoholic liquors or narcotic drugs to such an extent as to render him unfit to practice, and the Board of Pharmacy, after due notice and herein may revoke a license for like cause, or any license which has been procured by fraud.

SEC. 5. The Board of Pharmacy may issue license to practice as pharmacist or assistant pharmacist in this State, without examination, to such persons as have been legally registered or licensed as pharmacists or assistant pharmacists in other States or foreign countries; provided, that the applicant for such license shall present satisfactory evidence of qualifications equal to those required

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from licentiates in this State, and that he was registered or licensed by examination in such other State or foreign country, and that the standard of competency in such other State or foreign country accords similar recognition to the licentiates of this State. Applicants for license under this section shall with their application forward to the secretary of the Board of Pharmacy the same fees as are required of other candidates for license.

SEC. 6. Every certificate of license to practice as pharmacist or assistant pharmacist, and every license to any proprietor or employe to conduct a drug store in towns of not more than 1000 thousand inhabitants as above provided, and every renewal of such license shall be conspicuously exposed in the pharmacy or drug store or place of business of which the pharmacist or assistant pharmacist or other person to whom it is issued is the owner or manager, or in which he is employed. Every licensed pharmacist or assistant pharmacist who desires to continue in the practice of his profession shall, within thirty days next preceding the expiration of his license or permit, file with the board an application for the renewal thereof, which application shall be accompanied by the fee hereinafter prescribed. If the board shall find that the applicant has been legally licensed in this State and is entitled to renewal of license, or to a renewal of such permit, it shall issue to him a certificate attesting the fact. If any pharmacist or assistant pharmacist shall fail, for a period of sixty days after the expiration of his license, to make application to the board for its renewal, his name shall be erased from the register of licensed pharmacist or assistant pharmacist, and such person, in order to become registered as a licensed pharmacist or assistant pharmacist, shall be required to pay the same fee as in the case of original registration. The name of the responsible manager of every pharmacy, drug store or apothecary shop, shall be conspicuously displayed outside of such place of business.

SEC. 7. The Governor shall on or before September 1st, after his inauguration, appoint five persons, licensed as pharmacists, who are actively engaged in the practice of pharmacy within this State at the time of their appointment, and shall have been so engaged for the past five years, or more, immediately preceding their appointment. The Texas State Pharmaceutical Association may recommend to the Governor, on or before August 1st, after his inauguration, a list of names of persons who are licensed pharmacists of this State, of twice the number to be appointed and the appointments may be made by the Governor from this list. The

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five persons so appointed shall constitute a board to be styled "The Texas Board of Pharmacy," who shall hold their office for two years, and until their successors shall have been appointed and qualified. Provided, however, that no person who is connected with any school or college of pharmacy in any way shall be appointed as a member of the Texas State Board of Pharmacy. And any member of the board may be removed by the Governor for good cause shown him. Provided, further, that no two members of the board shall reside in the same county. In case of a vacancy from death or other cause, the Governor shall appoint a successor to fill out the unexpired term, with qualifications as above set forth.

SEC. 8. The persons so appointed and constituting the Texas State Board of Pharmacy shall, within thirty days after their appointment and annually thereafter, meet and organize by the election of a persident, secretary and treasurer, who shall hold their offices for the term of one year from the date of their election. The president and the treasurer shall be elected from the members the board, and the secretary need not be a member of the board. The secretary shall receive such salary as may be prescribed by the Board of Pharmacy and his necessary expense while engaged in the performance of his official duties. The board may adopt such by-laws and regulations as they shall deem necessary to carry into execution the provisions of this act, but which shall not be inconsistent with this act. The treasurer and secretary shall give bond in such sum as the board may determine, which at no time shall be for less amount than the sum handled by them annually. The expense of making such bonds shall be paid by the board. The secretary shall collect all money due the board from all sources, and shall pay the same over to the treasurer, within ten days after the taking his receipt therefor. The bonds of the treasurer and secretary of the board shall be payable to the Governor of the State of Texas, and shall be conditioned for the faithful performance of all duties imposed by law, or by order of the Board of Pharmacy. The board shall prescribe the pay of the members thereof, but at no time shall the amount exceed $5 per day for each member, and this amount to be paid to them for such days during which they are actually engaged in the discharge of their official duties, and they are to receive such additional amounts as they may actually incur for expenses in the discharge of their duties for mileage, hotel bills, stamps and stationery; provided, no bill either for services of a member of such board or any expense of such member shall be paid until an itemized statement of such service and each item of ex-

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pense has been made out and sworn to by such member of such board, before some officer authorized under the law to administer oaths, and such account shall have been filed with and approved by said board; provided, that the State shall never be liable for the salary and expense of any members of this board.

SEC. 9. The persons so appointed and constituting the Texas State Board of Pharmacy before entering upon the duties of said office, shall take the oath prescribed by the Constitution of the State of Texas for State officers, and shall file the same in the office of the Secretary of State, who shall thereupon issue to each of said members a certificate of appointment.

SEC. 10. It shall be the duty of the board to examine all applications for registration of such persons as may be entitled to the same under the provisions of this act, and to make an annual report to the Governor, a copy of which shall be furnished to the Texas State Pharmaceutical Association, upon the condition of pharmacy in Texas, which report shall embrace all the proceedings of the board and give an itemized account of all money received and disbursed by said board, and said itemized account of money paid out by said board, shall show to whom paid and specifically for what purpose it was paid; and also the names of all pharmacists duly registered under this act. And it shall be the further duty of the board to deliver all money on hand at the end of the term of each board, after all outstanding debts have been paid over to their successors in office.

SEC. 11. The Texas State Board of Pharmacy shall hold meetings for the examination of applicants for registration, and for the transaction of such other business as may legally come before it, at least once in four months, and such additional meetings as may be necessary; provided, that said regular meetings shall be held on the third Tuesday of January, May and September of each year, in such cities or places as the said board may select, or such cities or places as shall be deemed most convenient for applicants. Due notice of such meetings shall be given by publication in such papers as may be selected by the board, thirty days in advance of said meetings, three members shall constitute a quorum for the transaction of any and all business. The president and secretary shall have the power to administer oaths in all matters pertaining to the examination and registration of pharmacist and assistant pharmacist. The board shall keep a record of its proceedings and a register of all persons to whom certificates or license as pharmacist or assistant pharmacist and permits have been issued, and all re-

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newals thereof, and the books and register of the board or a copy of any part thereof, certified by the secretary, shall be accepted as competent evidence in all the courts.

SEC. 12. Any member of the Board of Pharmacy may issue a temporary certificate upon satisfactory proof that the applicant is competent; said temporary certificate shall be null and void after the first meeting of the Board of Pharmacy, next after the granting said temporary certificate; provided, that not more than one temporary certificate shall ever be granted to any one person.

SEC. 13. The Board of Pharmacy shall be entitled to charge and collect the following fees: For the examination of an applicant for license as a pharmacist, $5; for the examination of an applicant for license as an assistant pharmacist, $2.50; for renewing the license as a pharmacist, $1; for renewing the license as assistant pharmacist, $1; for issuing license to any proprietor or employe, to conduct a drug store in towns of not more than 1000 inhabitants, $1; all fees shall be paid before any applicant may be admitted to examination or his name placed upon the register of pharmacists, or assistant pharmacist, or before any license or permit or any renewal thereof may be issued by the board.

SEC. 14. Whoever not being licensed as a pharmacist shall conduct or manage any drug store or other place of business for the compounding, dispensing or sale at retail of any drugs, medicine or poisons, or for the compounding of physicians' prescriptions contrary to the provisions of Sections 1 and 2 of this act, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be fined not less than $25 nor more than $100, and each week such drug store or pharmacy or other place of business is so unlawfully conducted shall be held to constitute a separate and distinct offense. Whoever not being licensed as a pharmacist or assistant pharmacist shall compound, dispense or sell at retail any drugs, medicine, poison or pharmaceutical preparation even upon a physician's prescription or otherwise, and whoever being the owner or manager of the drug store, pharmacy or other place of business, shall cause or permit any one not licensed as a pharmacist or assistant pharmacist to dispense, sell at retail or compound any drug, medicine, poison or physician's prescription contrary to the provisions of Sections 1 and 2 of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than $10, nor more than $100. Any license or permit or renewal thereof obtained through fraud, or by any false or fraudulent representations shall be void and of no effect in law. Any person who shall

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make any false or fraudulent representations for the purpose of procuring a license or permit or renewal thereof, either for himself or for another, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than $25 nor more than $100, and any person who shall wilfully make a false affidavit for the purpose of procuring a license or permit or renewal thereof, either for himself or for another, shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to like penalties as in other cases of perjury. Whoever being the holder of any license or permit granted under this act, shall fail to expose such license or permit, or any renewal thereof, in a conspicuous position in the place of business to which such license or permit relates, or in which the holder thereof is employed, contrary to the provisions of Section 6 of this act, shall upon conviction thereof be fined not less than $5, nor more than $25, and each week that such license, permit or renewal shall not be exposed shall be held to constitute a separate and distinct offense, and whoever being the holder of any license or permit granted under this act, shall, after the expiration of such license or permit, and without renewing the same, continue to carry on the business for which such license or permit was granted, contrary to the provisions of Section 6 of this act, shall upon conviction thereof be fined not less than $5 nor more than $25.

SEC. 15. That all laws and parts of laws in conflict herewith be and the same are hereby repealed.

[NOTE.—The foregoing act was presented to the Governor of Texas for his approval on the 5th day of April, 1907, but was not signed by him nor returned to the house in which it originated, with his objections thereto, within the time prescribed by the Constitution, and thereupon became a law without his signature.—L. T. DASHIELL, Secretary of State.]

Takes effect ninety days after adjournment.

Relating to Senate Bill No. 26.

Whereas, On March 28th, House Soncurrent Resolution No. 26 was passed by both branches of the Legislature, in which the Governor of this State was requested to return to the House and to the Senate Senate bill No. 26, for correction and amendment; and

Whereas, In response to said request, the Governor of this State did, on said date, transmit to the Senate said Senate bill No. 26, the same being entitled

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"An Act to repeal Chapter 12 of the General Laws of Texas, passed by the Twenty-seventh Legislature, page 12, laws of 1901, and to pass in lieu thereof this act to create a board of medical examiners for the examination and licensing of all physicions, surgeons and obstetricians; to prescribe their qualifications; to provode for their proper registration; the revocation of their licenses for flagrant offenses, and to fix suitable penalties for illegal practice,"

Now, therefore, for the purpose of amending and correcting said bill, it is resolved by the Senate, the House concurring, that the action of the Lieutenant Governor and of the Speaker of the House of Representatives in signing said bill in the presence of the two bodies, respectively, be and the same is hereby rescinded and the said officers, respectively, be and they are hereby authorized and directed to erase their signatures from the enrolled bill.

Approved April 5, 1907.

For Prickly Heat.—

℞ Zinci carbonati precip. ..... ℥iv.
Zinci oxidee ..... ℥ij.
Glycerini ..... ℥ij.
Aquæ rosæ ..... ℥viij.

M. Sig.: Apply locally.—*Medical News.*

Special Train to Atlantic City.—Those who contemplate attending the meeting of the American Medical Association, in Atlantic City, June 4 to 8, are invited to join the Missouri Valley party now being organized. The special will leave St. Louis June 1 at noon over the Big Four and C. & O., via Indianapolis and Cincinnati, through the picturesque resort region of the Virginias, stopping at Hot Springs and White Sulphur Springs, and visiting the Jamestown Exposition. This train will be superbly equipped with Pullman palace sleepers and diners, and will reach Atlantic City Monday morning, thus affording ample time for registering and attending auxiliary meetings before the opening of the A. M. A. on Tuesday. Special cars will leave Omaha (via Wabash), St. Joseph and Kansas City (via Missouri Pacific) May 31 (evening), and reservations should be made early. Headquarters in Atlantic City, Grand hotel. Special rates. Full information, itinerary, hotel and Pullman reservations may be obtained by addressing the secretary, Dr. Chas. Wood Fassett, St. Joseph, Mo.

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THE TEXAS MEDICAL NEWS.

A JOURNAL OF MEDICINE, SURGERY AND HYGIENE.

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NEW LAWS PASSED BY THE LAST LEGISLATURE.

We are publishing elsewhere in this issue of the NEWS the Anatomical Bill, the One Board Medical Bill, the amendment to the present law on abortions, and others of interest to our readers. We ask that each physician give them a careful perusal, and he will be impressed with the fact that much has been accomplished in the way of medical legislation under Governor Campbell's administration. We published in our May issue the Pure Food Law.

A WORD ABOUT THE ONE BOARD MEDICAL BILL.

Already there seems to be much misunderstanding as to the requirements of the One Board Medical Bill, and there has been much correspondence with reference to the same. We suggest that each member of the profession read this bill over carefully (see elsewhere in this issue), and if in doubt as to its construction, to wait until the Governor has appointed a new Board and they have organized, when they will doubtless have the opinion of the Attorney General upon all doubtful points and will no doubt announce through the press their organization and what is to be done in order to comply with the provisions of this law.

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All physicians are given twelve months to comply with the new laws' provisions; hence there is no hurry.

THE SUBSTITUTORS' DEATH KNELL IN NEW YORK STATE.

We publish herewith law as passed by the Legislature of the State of New York and signed by Governor Hughes, which will go a long ways towards the prevention of substitution in the use of proprietaries and the filling of physician's prescriptions. This bill was introduced by Senator Alfred R. Page, as a personal request of Mr. Chas. Roome Parmele, who is better known in Texas as the "Arsenauro" and "Meracauro" manufacturer or the distinguished chemist, who succeeded in perfecting these preparations and dispensing of high-class drugs and proprietaries.

Mr. Parmele has been attacked by substitute druggists and others who are affected by this Legislature, but too much praise can not be given a man who makes a successful fight for the interest of honesty and fair dealing, when it comes to the preparation and dispensing of high-class drugs and proprietaries.

The NEWS hastens to extend its congratulations to our distinguished friend, Mr. Parmele. And we desire on behalf of the medical profession to return to him our most sincere thanks in this great step forward, and we hope every State in the Union will follow the example set by New York.

Notes and Miscellany.

INFLUENZA IN ITS RELATION TO DISEASES OF THE NERVOUS SYSTEM.—Joseph Collins assumes a conservative attitude in regard to the part played by influenza in the etiology of nervous disorders, and states that experience teaches that the baneful effects of the pathogenic activity of the Pfeiffer bacillus upon the nervous system have been overestimated, and that in reality influenzal and post-influenzal neurosis and psychoses are not very common. The bacillus of influenza may and does cause meningitis, encephalitis, myelitis, and possibly neuritis. The toxins produced by the pathogenic activity of the influenza bacillus are adequate exciting causes of neurasthenia and psychasthenia, of neuritis and neuralgia, of various forms of insanity, of independent nervous symptoms, such as insomnia, vertigo, headache, and they may be contributory to the

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causation of any disease that afflicts the human being. Nevertheless neither the bacillus of Pfeiffer nor its toxins, *i. e.*, influenza, is a common cause of nervous disease. The disorders of the nervous system that stand most frequently in causative relation to influenza, are those dependent not upon the direct action of the bacillus of influenza upon the nervous system, but upon the activity of toxins produced by the pathogenic activity of these germs. These are neurasthenia and psychasthenia, neuralgia, and neuritis, and diseases and disorders of the nervous system attending and depending upon arteriosclerosis.—*Medical Record.*

REMARKABLE GRAFTING. More than two-thirds of his body was severely burned by an explosion of a small alcohol lamp nearly three months ago, but George S. Kirby of Brooklyn, upon whose body 414 pieces of skin had been grafted, was pronounced cured recently.

According to Dr. Herbert C. Allen this is an unprecedented case in skin grafting. It was only made possible by a great number of Kirby's friends, who volunteered to save his life.

Among the first to offer themselves were little Lucia B. Kirby, 12 years old, daughter of the afflicted man, and his father, George F. Kirby. While the child was being flayed she smilingly told the surgeon that she suffered no pain and that she was willing to stand any torture to save dear Dad. The child was on the operating table several times.

Kirby, employed by a firm in Washington market for eighteen years, went into his bathroom to shave. He filled a small lamp with alcohol, but the match set fire to an oil can on the floor. An explosion followed. Stunned, he lay there for some minutes roasting. Then summoning his strength, he crawled away. His wife saw him wrapped in flames. Mrs. Kirby and her mother put out the blaze. Kirby, with rare fortitude, told his mother-in-law now to put out the flames in the bathroom. Dr. Allen declared that the chances of recovery was about two in 100, and sent the injured man to the hospital. In so desperate a case, he said, the only chance was in patching up the burned space with small pieces of skin from other bodies.

The physician said that at least fifty persons must volunteer. Word was sent to the Hanson Place Baptist church, where the Kirby family were worshipers, and less than twelve hours later more than one hundred men and women had offered themselves.

At different times in the past two months and a half thirty pieces of skin has been removed from the injured man's wife, and

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about the same number from his daughter, Lucia. About twenty particles were removed from the left arm of his father.

Recently Dr. Allen discovered that he required about two inches more and gave it from his own arms and legs.

"If the skin had not been grafted Kirby would be a dead man," said the physician.

Mr. Kirby's body is covered with more skin belonging to others than that of any person in the world.—*New York World.*

LAYS HAM AND EGGS.—G. Nicholson of New York City, in commenting on the report of hens laying eggs with handles, published recently, said:

The article regarding the man in Newtown, N. J., who has succeeded in producing eggs with handles, convenient for eating, etc., is extremely interesting, and while it is very wonderful, it is right in line with other discoveries being made by scientific men, notably Professor Burbank in vegetable, and Professor Loeb in animal, life. And right here in this city a professor of chemistry in Columbia College, who is a friend of the writer and whose modesty prevents his allowing his name to be published until later on, has for some time been experimenting with fowls, somewhat on the line, however, of hypnotism, as is done on human beings by Professor Quackenbush. Every farmer's boy knows that hens are very susceptible to hypnotic influences, and it is quite common in the country for boys to hold a hen in their hands and looking cross-eyed at it the fowl will soon begin to look cross-eyed and go about for days in that condition.

The first experiment made by the Columbia professor was in feeding to hens pepper and salt mixed and hanging before hens salt and pepper boxes, so that they could be plainly seen, and in a few days the eggs produced were all seasoned ready for use. Going still further in the matter, he fed the hen on comminuted ham, and the next day the hen produced an egg which, on being cooked, could not be distinguished from the ordinary ham and eggs as served in restaurants, except that it was all together, like a pancake, and it then occurred to him that possibly by applying the direct rays of the sun to the hen it might produce a cooked egg, and after experimenting by putting the hen in a glass box and exposing it to the sun the hen produced a cooked egg, and although these things may seem remarkable to the unscientific mind, the professor went still further, and reasoned out that hens could as well produce two eggs per day as one. He therefore fed the hen on sulphur and lime, and also contrived a box with a spring bot-

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tom, so that when the first egg was laid it was dropped to a cushion below, and then the hen, as usual, turning around to see the egg which she had laid, and it not being visible, in less than an hour produced another complete egg, but it is only fair to say that it was of the common variety, and not quite as large as usual, but the professor thinks within a reasonable time he will produce an educated hen that will lay cooked eggs with ham, or other material, and all ready for use.

We may say that arrangements are being made to patent the process, and that a company will be formed which would seem to have great possibilities.—*New York Tribune.*

THE MOTOR.

A buzz—a whirr,
A cloud of dust,
A wild, blood-curdling yell,
A ghastly object flashing by,
Then silence—and a smell.

THE APPROACHING CONQUEST OF CANCER.—Robert Bell refers to the recent work of Beard in relation to the trypsin treatment of cancer. He considers it of the first importance in the treatment of cancer to aim at restoring the functional activity of the thyroid gland and at the same time to adopt measures which will reduce the tendency to the introduction of toxic material from the intestines. This can be accomplished only by adapting the dietary to the requirements of the body, and to the capability of the digestive organs to completely digest and assimilate the food, aided by the thorough evacuation of the effete matter at least once in the twenty-four hours. The thyroid, however, is not the only organ whose utility is impaired. It is likely that the pancreatic secretion is to a certain extent in abeyance, and as a rule, the proportion of hydrochloric acid in the stomach is greatly diminished. The writer believes that cancer is the cumulating point in a series of changes in certain important organs, consequent upon a vitiated blood supply which in turn is greatly due to gross negligence of hygienic laws and overindulgence in unsuitable articles of diet.—*Medical Record.*

MISTAKES IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.—H. L. Barnes, Wallum Lake, R. I., gives an analysis of the histories of 165 patients with tuberculosis admitted at the Rhode

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Island State Sanatorium for Consumptives, with special reference to the question of early diagnosis and treatment. Only the cases with reliable and complete record were used. He found the presumable duration of the disease averaged 15.4 months, and that 40.9 per cent of the patients delayed seeking medical advice or treatment, such delay averaging 7.9 months. Forty-six per cent were incorrectly diagnosed, the resulting delay in correct diagnosis averaging 11.3 months. In 18.1 per cent of patients the lungs were examined and pronounced sound, and in 18.7 per cent the incorrect diagnosis was made without sputum examination, though sputum was available. In 2.4 per cent the correct diagnosis was purposely withheld by the examining physician. Barnes regrets that this practice is still followed by some, and holds that it is not warranted by any valid considerations. The failure to diagnose tuberculosis after hemoptysis also is surprisingly common, occurring in 12.7 per cent of the cases here analyzed. Inasmuch as the sanatorium does not receive the worst cases, it seems possible that those it does receive have been more wisely handled than the average of all tuberculous patients in the community, which gives figures an added significance. He says: "This optimistic and fatal waiting policy should be appreciated. A tuberculous history should be sought for in all lung diseases, and in atypical and doubtful cases of grippe, bronchitis and malaria the diagnosis should promptly be made by tuberculin when other means fail."—*Journal A. M. A.*

He Couldn't Very Well.—A husband was being arraigned in court in a suit brought by his wife for cruelty.

"I understand, sir," said the judge, addressing the husband, "that one of the indignities you have showered upon your wife is that you have not spoken to her for three years. Is that so?"

"It is, your honor," quickly answered the husband.

"Well, sir," thundered the judge, "why didn't you speak to her, may I ask?"

"Simply," replied the husband, "because I didn't want to interrupt her."—*Ex.*

The Open-Air Treatment of Pneumonia.—W. P. Northrup, New York City, for over eleven years has been using free ventilation and fresh air treatment in pneumonia, and during the last year he has followed the practice of putting his patients in the New York Presbyterian Hospital for six hours a day out on the roof in all weather in which harsh high winds, rain and snow did not prevent. He gives histories of two cases, both serious, and in one

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of which he thinks the patient could not have recovered under other treatment. The hospital authorities are so well satisfied of the value of this method that they are making a colossal roof garden on the medical side of the hospital to be an open-air ward for these cases. The patients most favorably affected by open-air treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor. In Northrup's experience all patients do better in cool, fresh air, which can be secured in private practice by screening off a portion of a room by an open window. None have been harmed, in his observation, and some have been greatly benefited and possibly saved by the cold, fresh-air treatment. If pneumonia, due to an infecting agent, is thus benefited, the value of the treatment for other infectious diseases is suggested, and, in fact, he has tried it in many others, including typhoid fever with severe bronchitis, whooping cough with bronchitis and convulsions, with excellent results. He considers it, in fact, the ideal treatment for septic fevers. The only regulation is to keep the patient comfortable and especially to keep the feet warm.—*Journal A. M. A.*

East African Diseases.—N. Senn, Chicago, gives his observations of the hospitals and medical conditions generally in the Transvaal and Cape Town. The hospital at Pretoria is well built on the pavilion plan, and is admirably managed, no distinction as to care and treatment being made between whites and natives. One case of carcinoma of the uterus in a half caste was observed, and in the records of the year 1904-5 six cases of malignant tumor among natives are recorded. The farther south he traveled, Senn says, and the more the natives are bleached out with white blood the more do they suffer from the diseases of the whites, and this applies particularly to malignant disease and appendicitis. His observations in different parts of the world convince him, he declares, that the nearer the human race approaches the animals in eating and habits of life the more exempt are they from these two diseases. Oil of cinnamon in three-drop doses is the routine medication of typhoid in this hospital, and the mortality does not exceed 10 per cent. Pneumonia is one of the most frequent and fatal diseases, the mortality ranging from 10 to 40 per cent, according to the severity of the case. Venereal diseases seem to be increasing among the natives, and tuberculosis also occurs among them. There were only 50 admissions for malaria in the hospital records for the year reported. All recovered. The leper settlement near Pretoria was also visited and contained 330 lepers, 50 of them being whites. The buildings and medical attendants are highly

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praised; the patients are apparently well cared for. Segregation is not absolute, as visitors are admitted and some patients are allowed to leave the inclosure during the day. The treatment is entirely symptomatic. Cape Town and its surroundings are described, and the single hospital was visited. It is beautifully located, but its internal arrangements, Senn states, leave much to be desired. It has a staff of four surgeons and four physicians, and a resident surgeon and three physicians in charge of the sick and injured. An ophthalmologist and a dental surgeon are the only specialists. The clinical material is almost identical with that in American hospitals. Tuberculosis seems to be very common and mortality is increased by patients coming from Europe too late to be benefited.—*Journal A. M. A.*

Abstracts and Selections.

Law Preventing Substitution Passed in New York.

Section 401 of the Penal Code is hereby amended so as to read as follows:

SEC. 401. Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designation of contracts upon any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered, or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order, or demand by substituting one drug for another, is guilty of a misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any such manner affect the right of an apothecary, druggist, pharmacist or other person to recommend the purchase of an article other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of an article ordered, required, or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment for a term of not less than ten days nor

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more than one year, and to the payment of a fine of not less than $10 nor more than $500. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor; shall forfeit any right which he may possess under the law of this State at the time of such conviction, to engage as proprietor, agent, employe or otherwise, in the business of an apothecary, pharmacist, or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified from engaging in any such business as proprietor, agent, employe or otherwise or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines, or foods or preparations used in medical practice.

SEC. 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of Section 401 as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had not been passed; and all actions civil or criminal instituted under or by virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the same manner as though this act had not been passed.

SEC. 403. This act shall take effect September 1, 1907.

A Cripple's Epistle To the Godes of Reason.

And there was a certain disciple of Esculapius named Swell Hedd. Now Hedd dwelt in the county of Chatham, even in that city which lieth along the river called Savannah; and it came to pass on the second day of the first week of the month called March a man by the name He Auto did visit Hedd and after much parley he did persuade Hedd to exchange certain pieces of silver called Ducats for a riding machine which runneth faster than a chariot with many horses. For Auto said unto Hedd, lo! my people who sent me hither perceiveth that thou, in dispensing thy herbs and medicines, needeth to move faster if thou wisheth to make much Kudos; and shouldest thou not in the space of one year, even twelve months, rejoice of thy bargain with my people, they will give thee a chariot with two fleet horses. Swell Hedd said unto himself, it's a cinch, for with this riding machine I can visit more sick and

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maimed persons in the first and second watches of the morning than my brother physicians can in the space of a whole day, even twelve hours. And I will soak the people whereof Auto speaketh. And Swell Hedd did buy a riding machine of many horse powers, made many journeys to far countries, even to the Isle of Hope, by the sea, to visit a fair maiden.

And it came to pass after making one of these journeys, when desiring to return to his own country, lo! the riding machine stoppeth suddenly and budgeth not; then Swell Hedd dispatcheth runners to the people of whom Auto did speak, for assistance in his dire calamity; they repair his riding machine and demand many shekels of gold and silver.

And before the year had passed for which Hedd had bargained Auto cometh again to him the second time and sat down and tarried with him and besought him to pay more Ducats and get a larger and faster riding machine. And Swell Hedd was wroth, and saith unto Auto, get thee out of my house, thou and thy like, for I will have naught to do with thee, for I was on a long journey, even the distance of a Sabbath day's journey, and lo! the riding machine stoppeth suddenly and causeth myself and a fair maiden to be alone in the forest, even at the eleventh watch of the night, and thy people chargeth me more to repair my riding machine than would buy a chariot and two fleet horses. And I will have none of thy machines, nor of thee, nor of thy people; for ye are skins and ought to be beaten with many stripes; and Auto went away sorrowful.

And it came to pass that very night the physician receiveth a hurry call to visit the wounded of an earthquake near a city called Thunderbolt, which lieth along the banks of the river called Vernon. Now Hedd, in his haste to reach the wounded and suffering, and to outrun his brother physicians with chariots, ran his riding machine with great speed, even to that of an innocent man running to a city of refuge, and lo! when he was in sight of his journey's end he ran his machine over a large mound of oyster shells, and he was thrown to the earth with great force and did smite his Tibia upon the ground, and they of his household did carry him to an upper chamber where he lay and was nursed for the space of three months, and even at the end of that time he was maimed for life. Now he did visit the people of whom Auto had spoken, and they refused to give him the chariot and horses for which he bargained with Auto. He was exceedingly wroth, and if he had not possessed a head like unto his name, in that he was guilty of the sin of covet-

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ousness, desiring to get all the sick calls, he would not have been maimed.

His neighbor, Dr. Slowem, in his chariot soon reached the wounded and gave succor to their wants, and received many hundred shekels therefor.

Swell Hedd rose up and lamented and went into an outer room of his castle and kicked himself into the interior of the succeeding hebdominal period. Selah.—*Gaillard's.*

Hygiene in Maternity.

BY J. S. HANSON, M. D., SANDUSKY.

The subject I have chosen to present to you at this meeting is one that will interest all practitioners. As soon as a mother is aware of her condition, or has a belief in its probability, she should at once place herself under the care of a physician, as at any time disorders or complications may occur; these can be warded off or promptly remedied. The symptoms of pregnancy I do not intend to go into at this time, and as the time is so short for each paper, neither can I discuss the development of the embryo.

A woman during her pregnant period is very often inclined to be irritable and downhearted. For the sake of herself and child she must try to overcome this. Her companionship should be such as to counteract this tendency, and I firmly believe that thousands of children are rendered victims of untruthfulness, etc., and perhaps even murderous natures are developed through unpleasant impressions on the mother's mind.

A child is most liable to be affected physically during the first part of pregnancy; mentally during the latter months. A mother should be careful regarding the literature she reads, late hours, despondency, and, in fact, everything of an exciting or disagreeable nature. Most women pay little or no attention to their general health during pregnancy, when, as a matter of fact, they would be able to pass through the ordeal of labor and to perform the duties of motherhood much better if they did. The symptoms should be carefully watched all through, especially where there is excessive vomiting, constipation or otherwise, disturbance of vision in any way, hemorrhage, fainting, varicose veins, dropsical conditions of any part of the body, and diminution of the amount of urine. Any of these should be reported at once to the physician.

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The next most important factor during this period is in *dress*. Garments should fit loosely, should be suspended from the shoulders, and no undue pressure should be made upon any part of the body, especially the vital organs. The wearing of tight garters should be interdicted. Extremely active exercise should be avoided, although even up to the very day of the lying-in a healthy pregnant woman will be benefited by moderate exercise. Be careful in regard to exposure to cold and dampness, especially wet feet, as these conditions will often be sufficient to cause the death of the child, and may place the mother herself in a very dangerous condition.

The morning bath is refreshing, but cold baths should be used very carefully. To avoid colds, the hot bath should always be taken at night. These should be taken regularly, and especially so towards the close of the pregnancy, in order to relieve the kidneys as much as possible. Now, gentlemen, be careful of the sitz bath. Do not allow it to be of more than three or four minutes' duration, and insist on at least one hour's rest afterward. Cut out vaginal douches unless they are taken under your advice. The application of some oil during the last four months of pregnancy will relieve the irritation and crackling of the skin. There should be at least from eight to ten hours' sleep during the night, and a nap during the daytime will only be productive of good. The usual marital relations are abhorrent to most women during this period, cause discomfort in the pelvis and are an aggravation to the nausea and vomiting of the early months and in causing abortion. Therefore, I am of the opinion that two beds should be used for husband and wife during this period, and particularly during the first four months.

No absolute rules can be laid down as regards diet, as the same foods do not agree with all patients. However, the food should be plain, nutritious and easily digested, and should be taken at regular intervals. Morbid cravings must be overcome, but fancies, dislikes, etc., may be yielded to, provided the food fulfills the above requirements. Alcoholic drinks and coffee should be taken in moderation, and especially tea, which is liable to constipate. Water is, of course, the proper drink for a pregnant woman.

I am not going into details as to what a pregnant woman can take, but will give a list of articles that, in my opinion, should be avoided, viz., soups made from vegetables growing underground; salt pork with or without beans, in any form; *boiled dinners*, ham,

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veal, duck, liver, kidneys, hash, meat mixed-salads, corned beef, any canned meat or soups, mackerel, dried fish or salt meats, except codfish, *bananas,* tapioca, breakfast cereals, mince pies, suet puddings, fruit cakes, or, in fact, any kind of cake, tea or coffee, especially if they have been boiled.

The nipples and breasts for a couple of months before labor should be washed daily, afterward carefully dried and anointed with cocoa butter or white vaseline. Massage of the breasts is also of value, as this will make the milk flow more freely on the first days, at which time it is usually slow. The physician should examine and find out if the nipples can be drawn out easily, or if any cracks, fissures or soreness can be found. If the breasts are healthy, they need very little care.

Everything should be in readiness at least one week before the expected time of confinement. The nurse should know the exact location of every article that is liable to be needed. If possible, the lying-in room should be large, well ventilated and with a sunny exposure. As labor may occur at night a good artificial light should be provided. Under no circumstances use a room that has lately been occupied by a patient suffering from any contagious disease. Thorough cleanliness is a matter of chief importance, and should be attended to at least one week before, and can usually be done even in the most humble homes. The bed should be strong and firm, placed so as to be accessible from both sides, and should be made as follows: There should be a hard mattress covered with a piece of rubber sheeting; over this a sheet is laid, a second rubber sheeting, a second sheet, while over all is placed another sheet or pad, if one is to be had, to catch the discharges. After labor has been completed the last coverings should be taken away. When practicable I use a cot or single bed, and when labor has been completed the patient is removed to her permanent bed.

The physician should now find out if the mother is in a condition to nurse her child. Due to a series of causes incidental to modern civilization, the number of cases in which the mother's milk should be made to give way to artificial feeding is rapidly increasing. Some of these are:

(a) Many women are unable or unwilling to nurse their children.

(b) The wet nurse is being gradually dispensed with.

(c) There may be certain well known physical causes that may prevent the nursing, such as (1) syphilis; (2) tuberculosis; (3) any other well-marked cachexia; (4) poor nutrition, showing itself

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in inferior quantity or quality of milk; (5) chronic infections or degenerative diseases, such as albuminuria, chorea, Graves' disease, neuritis, melancholia, neurasthenia, etc.

These conditions the physician should examine into thoroughly and advise the patient accordingly. See that the baby is not suffering from a deficient energy of assimilation, see that the nervous system is being properly developed, and you will find the child developing both in physical and mental strength.—*Lancet-Clinic.*

The Use of Glyco-Thymoline in Obstetrics.

BY GEO. H. SHELTON, M. D., DETROIT, MICH.

I am so gratified and pleased with the action of Glyco-Thymoline in the various conditions in which it is indicated, and especially so in obstetrics, that I can not endorse it too highly. I have used Glyco-Thymoline in obstetrical practice wherever sepsis is present or threatened, and I can say candidly that I have yet to meet with disappointment. The result in every instance has been simply charming. Did not time forbid, I could recount numerous cases in which the happy climax was attributable to the use of Glyco-Thymoline.

* * * * * * * * * * * *

I wish to state that I find such general use for Glyco-Thymoline in obstetrics that I would not consider that I was fully prepared for any and all emergencies which might arise while attending a case of labor unless I had a supply of the above mentioned remedy on hand.

What Texas Is.

A man once asked a native
What Texas soil would grow:
Said he, "I'll never tell you, for really
I don't know.

The soil's so rich in this great State,
Remember what I say,
That if I told you everything,
I'd not get through today.

Just take the products of the earth
From every land and clime,

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And Texas soil will equal
The best grown, every time.

"Why, sir," said he, "If walls were built
Around us ten miles high,
We'd have the best of everything
And wouldn't half-way try.

We have our mines, our countless herds,
And industries galore;
And hands that work, and hearts that beat,
For Texas evermore.

And women fair, large men and strong,
Our cities rich and great;
I'll tell you, sir, what Texas is:
The world rolled in one State."

—*G. Herb Palin.*

ONE HUNDRED AND THREE CASES OF EPILEPSY.—William L. Stowell gives the summary of his notes upon 103 cases of epilepsy in private, dispensary, and hospital practice. The young are most frequently affected. The disease has little tendency to shorten life or to be readily cured. The children of unhealthy or neurotic parents are more liable to become epileptic than are those of vigorous ancestry. Many of the hospital cases originate in a class of people used to poverty, overcrowding, and abuse of alcohol. Palsies appear in twenty-two of the writer's cases. The aura is most common in cases of eccentric origin—Jacksonian. Insanity and epilepsy are closely related or allied. In the treatment of these cases an attempt is made to improve general nutrition and to quiet the nerve cells. A vegetable diet is advised, together with the observance of the general laws of hygiene. The writer approves of the use of the bromides with general tonics.—*Medical Record.*

LOUISIANA RACE SUICIDE.—Startling statistics, indicating race suicide in Louisiana at an alarming rate, have been made public by the Louisiana State Board of Education. Sixteen parishes report a total decrease of 9438 educable children during 1907, as compared with last year. Thirteen parishes are yet to report, and it is expected that the final figures will show more than 12,000 less in childhood for twelve months. The parishes that decreased are: Bossier, Cameron, Claiborne, Concordia, DeSoto, East Carroll, Jefferson, Lafayette, Lincoln, Livingston, Morehouse, Plaquemine, St. Bernard, St. Charles, Tenasas and Union. Lafayette shows the

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greatest decline, with 1773. Statistics from Orleans Parish, embracing the city of New Orleans, have not been completed.

THE EXPERIMENTAL EFFECTS OF TOBACCO UPON THE NERVOUS SYSTEM.—D. Pierce Clark, of New York, says that the poisonous effects of tobacco depend on nicotine, pyridin, and a number of other alkaloids which have not been thoroughly studied as yet. Tobacco has a permanent and definite effect on the nervous system only after years of use. Experiments have been made on producing a tobacco that does not contain nicotine, and this is not found to be so poisonous, while not as satisfactory to the smoker. The author sums up the results of experiments on animals as to the effects of tobacco on the nervous system thus: Tobacco is primarily a cardiovascular poison; its acute toxic effects on the neuromuscular apparatus are first, as an excitant and mild convulsant; second, a motor nerve depressant, and finally, as a paralysant of the central and peripheral nerves of the heart and lungs. Its chronic toxic effects are to produce congestion of the brain, spinal cord, and peripheral nerves, inducing a mild type of degenerative neuritis. The toxic coefficient is so variable as to make definite conclusions with reference to its effects on man hard to reach.—*Medical Record.*

Eloping up to Date.

The coatless man puts a careless arm
'Round the waist of the hatless girl,
While over the dustless, mudless roads
In a horseless wagon they whirl.
Like a leadless bullet from a hammerless gun,
By smokeless powder driven.
They fly to taste the speechless joys
By endless union given.

The only luncheon his coinless purse
Affords to them the means
Is a tasteless meal of boneless cod,
With a dish of stringless beans.
He smokes his old tobaccoless pipe,
And laughs a mirthless laugh
When papa tries to coax her back
By wireless telegraph.

—*Maurice Rutherford in Lippincott's.*

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Mother Nature's Invitation.

BY BERTHA A. JOSLIN, MASS.

'Tis the voice of Mother Nature,
What does the old dame say?
She is calling to the children
In her ever winsome way,
"O! leave your books and studies
And come with me and play,"
Says Nature, Mother Nature.

"They have told you of me, children,
In the schoolrooms broad and fair,
From whose widely-swinging portals
You are swarming everywhere,
And I hear your merry voices
Floating to me on the air,"
Says Nature, Mother Nature.

"Come, noisy boys and chatt'ring girls,
I'll give you of my best,
Come, bring the little children
And I'll rock them on my breast;
I'll show each day new treasures
Till the sun sets in the west,"
Says Nature, Mother Nature.

"I've hung my trees with little homes,
I've gemmed my boughs with birds,
If you listen very closely
You may understand their words,
And I've filled my lakes with fishes,
And my pastures teem with herds,"
Says Nature, Mother Nature.

"I have frescoed all my mountains,
Till they flash with rills and flowers,
Where the dryads dance and frolic
With the winged-footed hours,
And the berries hang in clusters,
And the wild grape weaves its bowers,"
Says Nature, Mother Nature.

"And I've painted all my ocean,
'Tis a bright, abounding blue,

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And the white sea-gulls float over,
And they only float for you.
Oh, I've done my spring house-cleaning,
And the world's as fresh as new,"
Says Nature, Mother Nature.

"So I'm waiting for you, children,
On the sea and on the land,
You will find me if you wander,
You will find me close at hand.
Oh, Fairyland stands ready
And I'll wave my magic wand,
Only come!" says Mother Nature.

—*American Bird Magazine.*

Publisher's Notes.

Scopolamine Not Hyoscine!—A Caution!

In the *Archiv fuer Gynaekologie* Steffen gives some interesting details as to the use of scopolamine-morphine by Leopold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it can not be regarded as harmless for mother and child, and in private practice the by-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias, can only attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Hocheisen's method. Gauss secured a specimen of the solutions employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold has been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the perils of the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed.

The extract, as presented in the *Journal of the American Medical Association,* gives palpable evidence of anxiety to make out a

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IS INDICATED IN ALL CASES IN WHICH THE PATIENT PRESENTS A CONDITION OF DEPRAVED NUTRITION

SCOTT'S EMULSION is invaluable when pallor, anaemia, loss of strength and emaciation occur without obvious cause. While taking it thin, anaemic patients become rosy and gain flesh.

It is administered with marked benefit in the treatment of chronic rheumatism, obstinate sciatica and lumbago. It improves the general nutrition and the action of all the functions.

SCOTT'S EMULSION ALWAYS HAS, NOW DOES, AND ALWAYS WILL COMPLY IN EVERY PARTICULAR WITH THE REQUIREMENTS OF THE NEW NATIONAL

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Free to Physicians

A New Book,

Diet after Weaning

We have issued this book in response to a constantly increasing demand for suggestions on the feeding and care of the child between the ages of one and two years.

We believe you will find it a useful book to put in the hands of the young mother.

The book is handsomely printed, fully illustrated and is bound in cloth. We shall be glad to furnish you copies for for your patients entirely free.

A postal card with your name and address on it will bring you a copy by return mail.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

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case against this anesthetic method. Even Gauss is made to rank as an objector to the method, by quoting eight troublesome cases which occurred, out of his one thousand; just as if such things never happened unless scopolamine was employed. To any one who wants the whole truth, and not a garbled ex parte statement, we refer to Gauss' statistics as given by Holt, in the May number of the *American Journal of Clinical Medicine.* But even were the account given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, *is not the same thing as the hyoscine used in America.* It is much as if men should insist that, because Germans injure themselves drinking too much beer, we in America should obstain from coffee.

The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, and scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain product, being well established in favor of hyoscine, we caution our readers who are interested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.), the original American product and one which, like all the Abbott line, may be depended upon.—*The American Journal of Clinical Medicine.*

Mosquito Bites.—The extraordinary plague of mosquitoes in New York last season, says Dr. J. T. Traub, Attending Physician St. Luke's Hospital, led me to take up a series of investigations with a view to their alleviation. I found that a combination of the fixed aromatics, viz.: Menthol, Thymol, etc., with alkalies gave quick relief. While looking for a combination of this nature, my attention was called to Tyree's Antiseptic Powder, a combination of Sodium Borate, Alum, Glycerine, Carbolic Acid, and the crystalline principles of Thyme, Eucalyptus, Gaultheria and Menthae, which has the advantage over the extemporaneous mixtures of being always uniform, easily soluble and readily miscible with talcum without grittiness. When indicated as a dusting powder, a 10 per cent mixture of Tyree's Antiseptic Powder in talcum, dusted on the exposed parts of the body will keep mosquitoes at a safe distance, or a solution of one or two teaspoonfuls to a pint of water, forms an unsurpassed lotion for the same purpose. This liquid also sprayed about rooms will materially aid in keeping them away. The manufacturer of Tyree's Antiseptic Powder is to be congratulated in having in this preparation a specific for the relief from these pests.

The Nursing Mother.—The extra burden which a nursing mother has to bear, often places a greater tax on her strength and vitality than she can successfully meet. Rational treatment aims at an increase to her vital physiological functions, and a corresponding increase in her physical strength.

No remedy has a more positive value for this purpose than Gray's

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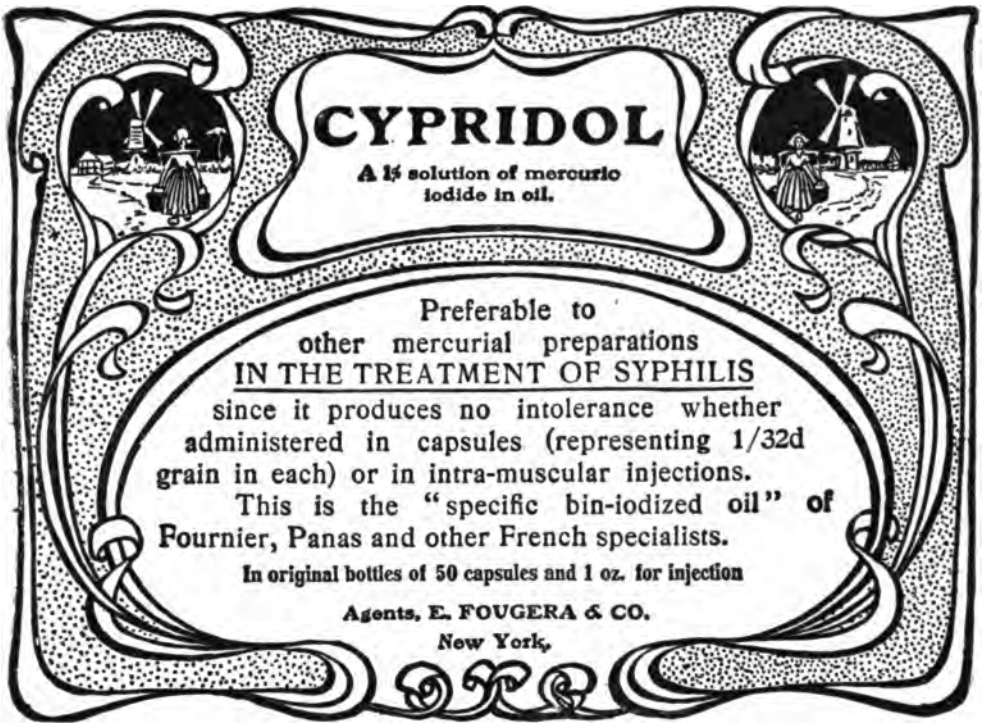
CYPRIDOL
A 1% solution of mercuric iodide in oil.
Preferable to other mercurial preparations
IN THE TREATMENT OF SYPHILIS
since it produces no intolerance whether administered in capsules (representing 1/32d grain in each) or in intra-muscular injections.
This is the "specific bin-iodized oil" of Fournier, Panas and other French specialists.
In original bottles of 50 capsules and 1 oz. for injection
Agents, E. FOUGERA & CO.
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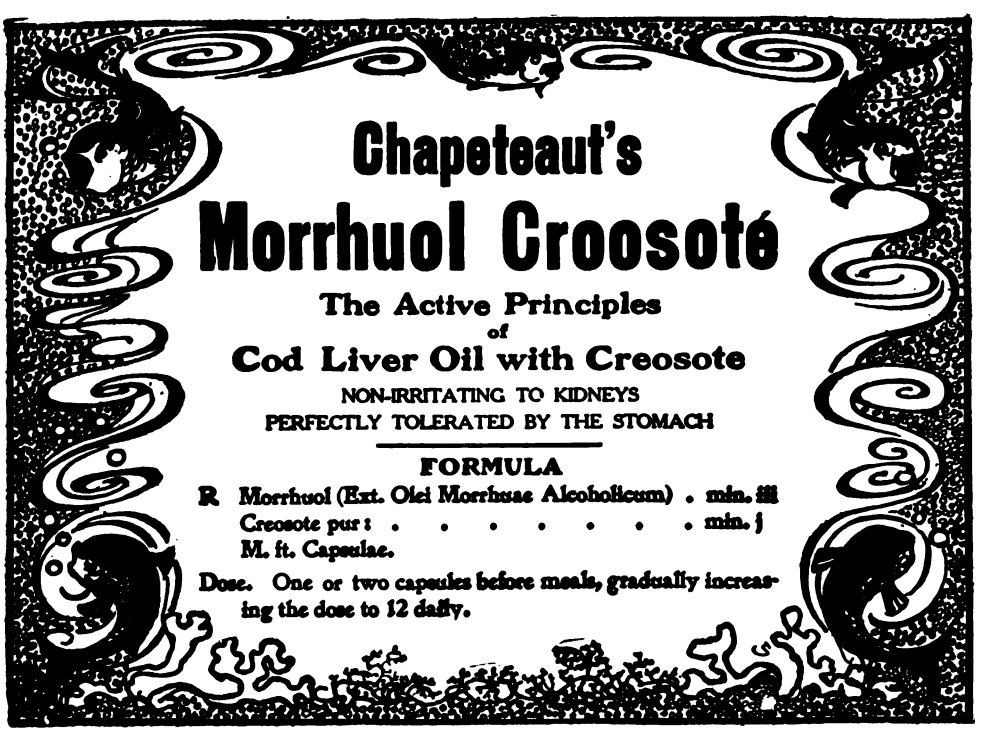
Chapoteaut's
Morrhuol Croosoté
The Active Principles
of
Cod Liver Oil with Creosote
NON-IRRITATING TO KIDNEYS
PERFECTLY TOLERATED BY THE STOMACH
FORMULA
℞ Morrhuol (Ext. Olei Morrhuae Alcoholicum) . min. iii
Creosote pur: . . . . . min. j
M. ft. Capsulae.
Dose. One or two capsules before meals, gradually increasing the dose to 12 daily.

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Glycerine Tonic Comp., and to many a physician it is the one tonic that meets every requirement in such conditions, as it is not only remarkably effective but has no contra-indications.

A RECENT and very plausible theory ascribes rheumatism: "To toxines formed in the alimentary canal as the result of disordered digestive functions, producing disturbances in metabolism and alteration in the tissues. The body suffering these effects of auto-intoxication has its vital resistance lowered and is therefore subject to microbic invasion."

Tongaline from the character of its composition has an anti-toxic effect on these microbes and by its stimulating action on the liver, the bowels, the kidneys and the pores, it eliminates promptly and thoroughly the poisonous germs which are the cause of rheumatism, neuralgia, grippe, gout, nervous headache, sciatica, lumbago, tonsilitis and heavy colds.

Powder Burn of Face.

E. KUDER, M. D., COFFEYVILLE, KAN.

About a year ago I was called in a hurry to relieve the awful suffering of Carl Rucker, of this city, 10 years old, who when playing with other boys exploded about two ounces of coarse black shooting powder in a little earth mount, and not being quick enough to turn away got the most of the discharge into his face; even the conjunctivæ of both eyes were blackened, and from the burn and subsequent inflammation shut tight; one of the ears also got burned very badly.

To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as I had to deal here with the inflammation and pain beside, I scraped a cake of shaving soap, mixed it thoroughly with Antiphlogistine, and applied it about one-half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one-half hour later the little patient, a very sensible child, rested very comfortable, free from pain and slept a few hours soundly. About twenty-four hours later I removed the whole mask from the boy's face, and to my great delight and surprise the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone and the face appeared almost natural again with the exception of the sclera of both eyes, which I treated with a solution of cocain adrenalin.

Another remarkable circumstance is the fact that the boy at the same time got entirely rid of his freckles, not a trace of the latter could be detected.

For about a week the face got anointed with cold cream twice daily, and being well was dicharged as cured.

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Deformities of The Nasal Septum and Their Correction. *

BY H. B. DECHERD, M. D., DALLAS, TEXAS.

Deformities of the nasal septum are not only the most common but also the most neglected of all the nasal conditions met with in adults. Indeed, it has now become an almost universally accepted fact that asymmetrical nasal cavities need cause no anxiety nor comment, since they cause no symptoms and bring about no bad results—in other words, the natural nose is normally abnormal. It is to controvert such a seeming anomaly that this subject is being briefly presented at this meeting.

No asymmetrical nose is a normal nose; neither did nature ever intend that air should enter one side any more easily than it enters the other. But the specialist has so long failed in his duty along these lines, and the general practitioner has so long neglected the

*Read at the North Texas Medical Society, Paris, June 18-19, 1907.

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upper respiratory tract, that far too much laxity of views exists at present both in the minds of the laity and the profession.

Investigators who have taken up the question of septal deviation have formulated various and sundry reasons for its occurrence; and among them may be mentioned racial, hereditary, diathetic, traumatic and deviations due to previous disease. It is said that deviations are more often met among the more highly civilized races (50 per cent to 98 per cent); and that the greater the development of the cranial mass, and the greater the facial angle, the more frequent are these abnormalities. The admixture of many races is another factor, first stressed by Martin; and it seems as if culture and civilization are being purchased with the sacrifice of a perfect olfactorium, leaving a legacy of degenerating tendencies and faulty development.

Heredity no doubt plays some slight part, too, for the same changes are too often found in father and son to pass this suggestion over lightly.

Traumatism may bring about almost any variety of septal variations, some of the most pronounced cases being thus produced.

Previous disease, for example, hypertrophied tubinals and catarrhal affections (whatever these are) are named as exciting factors; but doubtless the deviated septum is more often the cause of these changes the result.

Sex, according to statistics, does not seem to exert much influence; but personally I have found a far greater number of cases in males. I think, too, this is to be expected, on account of greater exposure, use of tobacco and alcohol, and sexual excesses. The latter are very important, and should always be inquired into in obscure nasal disease.

The syphilitic, tubercular, and rachitic diatheses might be active, especially from a developmental point of view.

But no doubt the most important of all causes, and the one rarely ever mentioned is obstruction to nasal breathing in early childhood—and this from one factor alone: adenoids. I have never seen a deviated septum (except traumatic) with a properly arched palate. What occurs is this: the adenoids close up the posterior nares, mouth breathing ensues, the nasal fossae from disuse fail to develop, the palate arches up to take the place of nature's abhorrent vacuum, the external nose and upper lip cease to grow, and the upper incisors enlarge and protrude, because the maxilla grows too much and assumes a more acute antero-superior angle.

And just here is the most fatal mistake of which the average

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dentist is guilty. He tries to straighten the teeth and perfect the arch; but overlooks the fact that the cause remains behind in the naso-pharynx. The result of this deformity of the maxillæ is that the nasal septum, being wedged in between two firm, bony supports, must bend to one side or the other as the palate becomes more arched. Ere long it comes in contact somewhere with one of the turbinate bones; and there is started a long train of symptoms ordinarily known as catarrh.

On the other hand, some writers state that the reverse of this occasionally obtains: that the inflammation starts first in the turbinate structures, and subsequently involves the septum. As a result, new tissue is deposited in the latter, and being limited both above and below by unyielding bone, a deviation must necessarily ensue to compensate for the increased amount of septal mass.

The symptoms of any septal deformity depend, of course, on its degree. Changes resultant from deflected air currents, increase of discharge, scabbing, sniffing, and a general sense of nasal discomfort (so-called catarrh), together with pharyngeal and aural complications are commonly observed. Of late, I have had my attention drawn to two other facts in this connection, viz.: epistaxis and perforations of the septum.

As regards treatment, naturally, each case is more or less a law unto itself; but in order to bring about a cure of the so-called catarrh, some method of straightening the septum must be adopted; and the one best adapted to all cases is the submucous method. This is especially true of complicated cases and of those involving the bony framework. The greatest advantage of this operation is that no functional part of the nose is destroyed, which is not the case where the turbinate bones are removed to give space for nasal breathing. Furthermore, in most of the instances, the turbinates return to normal size where the septum can be straightened without removing them. As the technique of submucous work is now so familiar to all rhinologists, and as I have discussed it more at length elsewhere, only a brief mention of it will be made on this occasion.

ANOTHER GIFT BY MRS. SAGE.—Mrs. Russell Sage has given $125,000 to the Association for the Relief of Respectable Aged Indigent Females in the City of New York. The home of the Association, at One Hundred and Fourth Street and Amsterdam Avenue, is being extensively enlarged, and when the addition is completed its capacity will be increased from 90 to 270 beds.

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Apomorphine in Acute Alcoholism; A Plea for Its More Extensive Employment.*

BY CHARLES A. ROSENWASSER, M. D., NEWARK, N. J.,
Inebrietist to the Newark City Dispensary; Attending Physician to the Newark Polyclinic.

The acutely intoxicated individual, besides being a menace to himself, is usually such a great source of annoyance and distress to those about him, and is ordinarily so difficult to subdue, that any remedy which will promptly convert the state of pandemonium into one of calm, and effect a decided change for the better, is certainly deserving of recognition and ought to be extensively employed. Especially so if the remedy is an absolutely safe one and can be administered without the consent of the patient, for you all know how obstinate he is apt to be, and how great a task it often is to induce him to swallow medicine. In apomorphine we possess such a remedy.

Apomorphine is an artificial alkaloid prepared from morphine, usually by heating morphine in a closed tube with an excess of hydrochloric acid. It was first discovered by accident by Matthiesen and Wright in 1869 as a by-product in the manufacture of morphine. Apomorphine hydrochlorate, the form almost exclusively used, results from the addition of a small quantity of hydrochloric acid to apomorphine in solution.

Exposed to the air, apomorphine soon decomposes. Solutions of the drug also rapidly decompose, and as they then may give rise to dangerous symptoms one should always use fresh solutions, preferably those made from hypodermic tablets obtained from some reliable source. It ocurs in two forms; the crystalline and the amorphous. Hare says that the amorphous form is dangerous and should never be used. Two of the largest and most reliable manufacturing chemists of this country take exception to this statement and sell both forms, and say that the indications for use and the dosage if both are identical, and that as the amorphous form is a more potent hypnotic it is to be preferred when the hypnotic effect is sought. Five equally responsible firms, in order to be on the safe side, make only the crystalline form, the form which I have used in all my cases. In the preparation of fine alkaloids the most effective method of purification is by submitting them to crystallization. Any impurities which may be present remain in the mother liquor. Hence I would strongly advise that only the crystalline form be used, and that in ordering the drug the physician specify the form

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desired, for when apomorphine is ordered, and neither form is specified, it is the usual custom of both wholesale druggists and apothecaries to supply the amorphous form, as it is much cheaper.

To Dr. Charles J. Douglas, of Boston, belongs the credit of first calling the attention of the medical profession to the fact that apomorphine in non-emetic doses is an exceedingly valuable hypnotic. He said: "There is, however, one harmless remedy that will produce sleep in a few minutes, even when the patient is suffering with the wildest delirium. That remedy is apomorphine. * * * While its value has remained so long unrecognized by the profession, yet in point of fact there is no hypnotic in our materia medica that is at once so prompt, so safe, and so sure. * * * It saves time; minutes as compared to hours."

About three years after this important announcement was made, Coleman and Polk, acting upon Douglas' suggestion, conducted an interesting and highly instructive series of experiments with apomorphine in the alcoholic ward of Bellevue Hospital. They tried the drug in three hundred cases, and sum up their results as follows: "From our own observations we are convinced that apomorphine in small or moderate doses, given hypodermically, possesses definite sedative and hypnotic properties. * * * In 'ordinary drunks,' therefore, apomorphine hydrochlorate may be regarded as an efficient and safe hypnotic in doses of 1-30 to 1-10 grain hypodermically administered, producing a sleep which lasts from several hours to all night."

Several other observers, notably Quehl, Reichert, Bordier, Routz, Challand and Rabow, Bourgeois, Gellhorn, Tompkins, and Lewis, have testified to the value of apomorphine as a sedative and hypnotic, and the consensus of opinion is that the sleep induced is calm, restful, and restorative, closely approaching that of normal sleep, and that the use of the drug is not attended by any unpleasant after effects.

While several cases of death following its use have been reported, Boyer and Guinard, who have carefully investigated this phase of the subject, claim that the untoward results were always due to impure preparations.

In the treatment of acute alcoholism I have employed apomorphine hydrochlorate very largely and with such uniformly satisfactory results that I can most heartily indorse the statements of Douglas, Coleman and Polk. In my hands it has proven to be a prompt, powerful and safe hypnotic, second to none in securing quiet and sleep in acute alcoholism.

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In moderate doses apomorphine stimulates the heart and slightly raises the blood pressure, while in large doses it is somewhat depressant. The depressant effect is not by any means as marked as that following the use of most powerful hypnotics, especially chloral, and it soon passes off.

A very few minutes after administering an emetic dose by hypodermic injection, vomiting occurs, due to the action of the drug upon the vomiting center in the medulla. Just before vomiting the pulse is weakened and increased in frequency, and after vomiting ceases it becomes stronger and slower, often stronger and slower than it was before the injection was given. Vomiting is preceded by salivation and slight nausea. It may occur only once, or be repeated several times. Very soon after the vomiting subsides, a matter of a few minutes in most cases, the patient falls into an apparently natural sleep, and may sleep for from two to eight hours, awakening refreshed, sober, and rational in most cases. Douglas says: "This remedy shuts off the 'stream of consciousness' with valuable precision, and when this is once done the patient will usually continue to sleep without further assistance until the demands of tired nature are satisfied."

In treating periodical dipsomaniacs in all stages of the attack I have found apomorphine in full dose of inestimable value, and am convinced that it has been the means of ending the attack in many instances. During the attack this class of patients, as you well know, have but one thought, one aim, one desire—liquor. The demand for the so-called stimulant is a veritable imperative conception. Apomorphine compels sleep, and when the patient awakens his chain of thought has been broken and the attack is over in many cases.

In all acute cases I have found the action of an emetic of some value in sobering the patient and diminishing or abolishing the desire for more drink, and therefore the dose of apomorphine I usually give is 1-10 grain by hypodermic injection, adding 1-30 grain strychnine if the heart is acting poorly. Whenever possible, when giving the injection, I have the patient lying down in bed and have basins in readiness, as the action of the drug is so rapid.

I have never failed to secure the hypnotic effect in alcoholics, and only once failed to secure the emetic effect from 1-10 grain administered hypodermically. This occurred in a young man who had studied medicine, and in whom I used apomorphine with the desired result in a previous attack. From the action of the drug he knew that apomorphine had been given, and when I injected the

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drug in a subsequent attack he insisted that he would not vomit, and was successful in fighting off the desire to do so. He was unable to remain awake, however.

I have had one case—not alcoholic—in which vomiting did not occur, though 1-5 grain was injected in two 1-10 grain doses within about twenty minutes. The patient was a strong young man, in previous good health, who suddenly became stuporous. I was summoned and reached him within a few minutes. There being a suspicion of poisoning, I promptly injected 1-10 grain. Vomiting did not occur and the stupor deepened. After waiting about twenty minutes, I again injected 1-10 grain, and, obtaining no result, had him removed to the hospital. He awakened after several hours and went home. While no positive diagnosis was made, I am inclined to believe that the case was one of *grand mal.*

One need not give emetic doses in order to secure the hypnotic effect. In many cases 1-30 grain given hypodermically will be found sufficient to induce sleep. If the general condition of the patient is fair the dose may safely be repeated in about three hours if necessary, as the drug is not cumulative in its action. A non-emetic dose (1-30-1-20 grain) may also be given a few hours after a full dose, if it be desired to prolong sleep or keep the patient quiet. Occasionally vomiting follows the use of doses as small as 1-30 grain; more frequently slight nausea is experienced.

If it be deemed advisable to prolong the sedative effect by bromides, chloral, or similar drugs, it will be found that smaller doses will suffice than are ordinarily required. This is a point of no little importance considering that all such drugs depress the heart.

When administered by mouth the drug can not be relied upon. Vomiting does not follow the taking of a full dose, and sleep is but rarely secured. A sedative effect, however, is sometimes obtained.

As a hypnotic in acute alcoholism, apomorphine possesses a decided advantage over such drugs as bromides, chloral, sulphonal, trional, and paraldehyde in being available for hypodermic use and insuring prompt action. Valuable time is saved and the wishes of the patient can be disregarded. It is especially of value in enabling one to dispense with the use of hyoscine, a drug which we have often been compelled to use when it became imperative to subdue a patient who would not swallow other remedies, or having swallowed them would promptly eject them. I say especially of value in enabling one to dispense with hyoscine because Hicks, of Newark, N. J., whose opinion I value, says "hyoscine is a dangerous drug

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and should never be used; the symptoms following its use are those of insanity. A patient on the border line of insanity can be made insane by hyoscine."

You all know that many alcoholics are "borderliners," in the treatment of whom more than ordinary caution must be exercised.

Eight years have elapsed since Douglas made his announcement, and it is five years since Coleman and Polk published the results of their investigation. Apomorphine has not received the recognition it deserves. On inquiring among my medical friends I have been astonished to find that scarcely any one of them ever heard that apomorphine possesses hypotic powers, and I have encountered no one who has ever used it as such. Hence this little reminder and plea for its more extensive employment.—*Medical Record.*

Antiseptic Liquid Soap.

℞ Saponis Mollis.
Katharmon.
Aquæ . . . . . aa ℥iv
Alcoholis . . . . . ℥iij
Misce et adde
Acidi carbolici . . . . . ℥j

Dandruff.

℞ Hydrarg. Bichlor . . . . . gr. ij
Tr. Canthar.
Tr. Pilocarpi.
Tr. Arnica . . . . . f℥ss
Spts. Myrcia . . . . . f℥j
Glycerini . . . . . f℥ij
Aqua, q. s. ad . . . . . f℥viij

M. Sig.: Apply with brushing, twice daily.

Philadelphia, Pa. SAMUEL WOLFE, M. D.

THE insertion through the sphincters at night, for a few minutes at a time, of a conical dilator (e. g., of hard rubber), of gradually increasing size, is often a valuable adjunct in the treatment of pruritus ani.—*American Journal of Surgery.*

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THE BADGE OF A GENTLEMAN.

In this day and time, as one travels over these United States, we meet here and there a sister in uniform or a soldier in uniform or others whose place in life is designated by their outward appearance, and, again, we meet in our travels, here and there and everywhere, those who wear badges or buttons indicating the order to which they belong, but there is one universal badge or uniform that should be worn by everyone, and that is the badge of a gentleman. There is no reason why everyone, everywhere, and under all circumstances, should not act and conduct himself as a perfect gentleman. Politeness and courtesy are in reality the best investments any man could make, cost least and are most universally respected everywhere met. Therefore, as before stated, everyone should put on the uniform of a gentleman and wear it constantly.

There is no profession where perfect manners, tact and the man with intuition and ability, to be equal to the occasion, even under the most trying circumstances, is so put to the test as in the medical profession. Therefore, we advocate, one and all, the profession to wear the badge of a gentleman upon all occasions and under all circumstances, and they will find that it is not only as cheap to be courteous and attentive, but that it is the best investment that any man can make.

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TAKE A VACATION.

No profession makes such great demands upon its members as does the medical profession. The physician, and particularly the surgeon and general practitioner, who carries with him day after day and week after week the troubles and annoyances, the grievances and imaginary and real complaints of his patients, reaches a point when his whole body politic demands a vacation. Every physician should arrange, if possible, during some time of the year to take a much needed vacation, if but a few weeks, even though he should at the same time do more or less postgraduate work in some good school, go on a fishing trip, a visit home to your parents, or whatever the diversion, so you have a break in the monotony, a change of scenery and environment, a relief, if but temporary, from the complaints of the numerous patients, the satisfaction of hearing the telephone ring without feeling that you are being "yanked up" to make a call to some distant place. We urge upon every member of the profession to arrange in some way to take a vacation. The argument goes forth: We can not afford it, our patients go elsewhere, our patrons feel that a man who neglects them as their family physician by going off for a few weeks or a month or two is violating a confidence which should exist between their family physician and the patient, but we say to you that this is a necessity to every physician, and if all physicians adopted the plan the public at large would soon be educated to realize that a vacation is necessary for everyone. If it is highly essential for the business man, and the banker, and the minister, and the lawyer, and every other vocation, why is it not necessary for the physician, whose worries and annoyances and responsibilities are greater than any above mentioned? It will do you good to get off your well-beaten track and look back upon the situation; go elsewhere, and see what your brother physician is doing, learn their methods and plans, get away sufficiently long enough to permit your patients to realize your value in the community and to properly appreciate your merits. Give these suggestions your serious consideration, and "knock off and go a-fishing."

A BARREL cut in two in its long axis makes an excellent holder for bed clothes in acute affections of the lower extremities. Not only does it avoid the heavy pressure of the coverings but it diminishes the chances of discomfort caused by jarring of the bed. —*American Journal of Surgery.*

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Notes and Miscellany.

AN AMBIGUOUS LOCATION.—He was sitting by her side at dinner, proudly congratulating himself upon being where he could look down upon the beautiful neck and arms.

"I am being tortured," she said, as she moved uneasily. "I have been vaccinated, and it is just 'taking.'"

"Why," he said, unguardedly, as he cast another glance at that handsome neck and those lovely arms, "where were you vaccinated?"

"In Boston," she replied, as a smile drove away the evidences of pain.

THE CASE OF EDWARD DOWDALL.—"Dr." Edward Dowdall, of 418 LaSalle Avenue, Chicago, who has masqueraded as a physician in Chicago for some months past, was tried before Municipal Judge Walker in the Criminal Court in Chicago on August 6th, on the charge of swindling a midwife out of $100, on the pretense that he could "fix" the State Board of Health, and obtain for her a midwife license. He was found guilty by the jury, and sentenced to an imprisonment for one year, and to pay a fine of $500.

CONNECTICUT TUBERCULOSIS COMMISSION.—A commission to investigate tuberculosis in the State of Connecticut has been appointed by Governor Woodruff with the following medical members: Dr. J. P. C. Foster, of New Haven; Dr. O. LaRue, of Putnam; Dr. Stephen J. Maher, of New Haven.

THE DIAGNOSIS OF APPENDICITIS.—The following from the pen of Dr. J. B. Murphy, concerning the diagnosis of appendicitis, is too valuable to be allowed to rest where the practicing physician can not see it; it deserves to be printed over and over again.

Following up an experience of operating in more than 2000 cases, Dr. Murphy says: "The symptoms of acute appendicitis are, in my experience, in the order of their occurrence: 1. Pain in the abdomen, sudden and severe. 2. Followed by nausea or vomiting. 3. General abdominal sensitiveness. 4. Elevation of temperature, beginning from two to twenty-four hours after the onset of pain. These symptoms occur almost without exception in the above order, and *when that order varies I always question the diagnosis*" (Italics by Dr. Murphy.) Other items in his paper are concerning temperature; in acute appendicitis it must always be

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present; it never precedes the pain. In 2000 cases it was always present in the early stage of acute appendicitis.—Dr. E. S. Bailey, in the *Clinique*.

A FARMER was that father of twelve children, all of whom had been rocked in the same cradle by the same great toe. He was rocking the newest arrival one evening when his wife remarked:

"John, that cradle is nearly worn out; it's so rickety I'm afraid it will fall to pieces."

"It is about used up," replied her husband. Then, handing her $10, he added: "The next time you go to town get a new one, a good one, one that will last."

A DIAGNOSIS between a tumor anterior to the rectus muscle and a tumor more deeply seated can be made by grasping the tumor and then having the patient rise from the recumbent to the sitting posture. Tumors anterior to the rectus muscle do not escape from the grasp of the fingers during this maneuver, while tumors behind the muscle can not be firmly held.—*American Journal of Surgery.*

PHYSIOLOGICAL ACTION OF TEA AS A BEVERAGE.—Lauder Brunton believes that tea, when properly prepared and taken in moderation, is both useful and agreeable. The avoidance of danger from impure water is not the only advantage to be gained by drinking vegetable infusions. Tea is a stimulant, and the use of stimulants is almost universal. The effect of tea, coffee, or cocoa seems to be threefold—on the circulation, on the spinal cord, and on the brain. When these substances reach the circulation, the flow of blood through the brain is increased, the brain cells are supplied with extra nutriment, and thought is quickened. It is probable that the brain cells themselves are affected by tea or coffee, so that communication between them becomes more rapid, more complete, and more permanent, than under ordinary circumstances. But it must not be forgotten that these substances tend to keep up mental action when it is not needed. Thus sleep, which restores the tired brain, is prevented. These beverages lessen the sense of fatigue and give a sense of wellbeing and of power, and actually add to the power of endurance. Tea is liable to abuse, and may then bring about most disastrous results. Tea may interfere with nutrition by lessening the feeling of hunger, by rendering food less digestible, and by interfering with the digestive power of the

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stomach. The different kinds of tea vary in the amount of tannin which they contain. The leaves should never be boiled or stewed. Boiling water should be poured on the leaves, and after standing for a few minutes should again be poured off. Taken with meat, it toughens the fiber. Hard water and water containing iron do not make good tea. A pinch of bicarbonate of soda, when hard water is used, improves the infusion. Tea, when taken in excess, may produce the most serious nervous symptoms and facilitate, if it does not actually produce, mental degeneration.—*The Practitioner.*

CONSOLING HUBBY.—"My dear," moaned the patient, as he tossed restlessly on his bed, "it's the doctor I'm thinking of. What a bill his will be!"

"Never mind, Joseph," said his wife. "You know, there's the insurance money."—*Philadelphia Inquirer.*

THE MILK SUPPLY OF VIENNA.—Ernst J. Lederer says that the dairy company which supplies most of Vienna's milk is under control of the Provincial Diet of Lower Austria. The control depot receives milk from 76 affiliated dairies, and these from 5222 individual producers. The sources of milk supply are inspected under the instructions of the Government Inspector of Dairies. Stables, the stock, and the cleanliness of the barns are criticised, as well as the feeding of the cows and milking. Veterinary inspection of the cows is made. The milk is delivered warm from the cows to a local depot, conforming to modern requirements, and is here cooled, tested, and purified. The amount of impurities when the milk leaves the dairies is small, but in the control depot in Vienna it is again purified by straining through close-meshed gauze. It is then pasteurized at 70° C. to destroy the germs without changing the milk physically or chemically. After pasteurization a part of the milk is centrifuged for cream. The milk for children is sterilized at 102° C.—*Medical Record.*

First Mosquito—"I just heard some one call that man a cold-blooded villain."

Second Mosquito—"Let's sample him. Cold blood would taste very nice this hot weather."

AT THE recent meeting of the American Medical Association at Atlantic City, June 4-7, the following officers were elected:

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President, Dr. Herbert L. Burrell, Boston; Vice-Presidents, Dr. Edwin Walker, Evansville, Ind.; the Honorable Hiram R. Button, M. C., Delaware; Dr. George W. Crile, Cleveland, O.; Dr. W. Blair Stewart, Atlantic City, N. J.; Secretary, Dr. George H. Simmons, Chicago, Ill.; Treasurer, Dr. Frank Billings, Chicago, Ill.; Trustees, Dr. T. J. Happel, of Trenton, Tenn.; Dr. W. W. Grant, of Denver, Col.; Dr. Philip Marvel, of Atlantic City, N. J. The meeting place for the next annual session is Chicago.—*American Journal of Surgery.*

SEVERE burning pain in the anus coming on during, or just after defecation, and lasting but for a short time, almost always points to the presence of a fissure or ulcer. It may be very small and thus elude all but a most thorough search.

Irrigation of the ear with a warm boric acid solution (108° F.), is an excellent procedure if there is a discharge of pus. But irrigation of the ear just after a paracentesis of the drum of where there is only a serous discharge, merely predisposes the mucous membrane and the mastoid to greater infection.—*American Journal of Surgery.*

THE "OPEN METHOD" TREATMENT OF CANCER.—W. D. Witherbee, Charlotte, N. C., advocates the treatment of cancer by first enucleating the growth and involved glands, and then, instead of closing the wound, leaving it open to heal by granulation and giving daily X-ray treatments until the wound has healed. He claims for this method the advantages of perfect drainage of the whole infected region and the changing of a deep or subcutaneous cancer into a superficial one which can be more directly attacked by the rays, the value of which in superficial growths has been demonstrated. He has had very favorable results with this method in a number of cases, four of which are reported. The same has been the case in one case of tubercular ulceration of the skin.—*Journal A. M. A.*

THE *Interstate Medical Journal* (St. Louis) announces the purchase of the *St. Louis Courier of Medicine,* one of the oldest medical journals in the West, and its consolidation with the *Interstate* on July 1st.

The *St. Louis Courier of Medicine* was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and

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held the respect and esteem of the entire profession of this country. This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the *Interstate* adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the *Interstate* during the past few years.

GUSTATORIAL.—A summer tourist was passing through a German village in the West recently, when a stout German girl came to the front door and called to a small girl playing in front.

"Gusty! Gusty!" she said, "Come in and eat yourself. Ma's on the table, and pa's half et!"—*Lippincott's.*

PATHOLOGY OF THE MIDDLE TURBINATE.—J. L. Goodale, Boston, describes the conditions of the middle turbinate that can be grouped under the head of chronic inflammations with tendency to hypertrophy and associated with histologic evidence of degeneration of the mucous membranes and glands. Having first described the anatomy of the parts, he gives an account of the proliferative processes and fibrous tissue and the cells of the surface and the ducts, with the dilatation of the latter and the attendant edema, giving rise to what are known as polypoid enlargements. An increase of this process produces the actual polypus. Two forms of degeneration are found in these chronic inflammatory processes: First, mucous degeneration of the surface epithelium of the ducts and of the glands; second, a colloid or hyaline degeneration of the migratory cells of the connective tissue. The latter is especially frequent and is described in detail. In the more advanced stages of the inflammation the glandular layer and the periosteum become infiltrated and there is a proliferation of the germinal layer with a tendency to ultimate bone formation. Coincident with this there may be an absorption of bone by a process of rarefying osteitis, and the bony framework of the turbinate may be broken up into a number of loose pieces. In advanced stages cysts may be formed. It is hard to say why hypertrophy of bone occurs in one case and absorption in another, but Goodale suggests the possibility of congestion inducing hypernutrition in the one case, and of circulatory venous stasis by compression in the other.—*Journal A. M. A.*

DIAGNOSIS AND TREATMENT OF GASTRIC ULCER.—Wm. A. Dickey, of Toledo, Ohio, discusses the diagnosis and treatment of

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gastric ulcer. The thing of most importance is an early diagnosis, as acute ulcers are much more easily healed than old chronic ones. The author reviews the principal points in differential diagnosis and then goes on to treatment. Each case should be individualized. Rest is of the first importance, and the treatment should begin with rest in bed from ten days to three weeks. No food at all should be allowed for five days, rectal injections being depended on for nutrition. Then liquids should be given in small quantities, beginning with iced milk. Gradually carbohydrates and gelatin are added, and last of all albuminoids. The drugs that are of some benefit are alkalies to neutralize hyperacidity; bismuth to protect the ulcer; and silver nitrate in one-tenth of one per cent solution.—*Medical Record.*

A WILLING PATIENT. — A Topeka man was complaining of rheumatism.

"There's no excuse for you being afflicted," said a friend. "I used to have rheumatism. When it would strike me I would go home and have my wife throw her arms around my neck and give me a massage treatment. It helped me every time. You ought to try it."

"I will," said the man. "When will I find your wife at home?" —*Kansas City Journal.*

HER MAIDEN EFFORT.—A certain judge had been away from his native city for several years, and upon his return found it difficult sometimes to recognize former acquaintances. One morning a youngish woman, accompanied by a tall boy, entered a trolley car and sat down next the judge.

"How do you do, judge?" she said cordially. "I don't believe you remember me? I am Mrs. X."

"Why, so it is! Mrs. X., I am delighted to meet you again. How do you do? And who is this with you? It can't be your son! Bless me, I would not believe you had a son so big."

"Oh, yes," replied the guileless Mrs. X., flattered by his cordiality. "He is my first-born—my maiden effort, judge."—*Lippincott's.*

WANTED TO BE EXECUTIONER.—An old colored woman, arrayed in a rusty black dress and a gorgeous purple "picture" hat over which was a black crepe veil, appeared at the courthouse of a Carolina town not long ago.

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"Am yo' de jedge ob reprobates, sah?" she asked, cautiously opening a crack of the office door.

"Yes, I am the judge of probate, aunty; what can I do for you?" was the smiling reply.

"Yassah! Tankey, sah! I'se heah 'cause mah ole man done died detested an' lef' fo lil' infidels, an' Ah wanter be 'pinted ter be dere executioner, ef yo' please, sah!"—*Success.*

MASSAGE OF THE PROSTATE AND STRIPPING OF THE SEMINAL VESICLES.—Ferd. C. Valentine, of New York, and Terry M. Townsent give the indication for the use of massage of the prostate and stripping of the seminal vesicles, as acute, subacute, or chronic urethritis, prostatic hypertrophy, beginning abscess of the vesicles, and aberrations of the sexual functions. They then give a very careful exposition of the methods to be used in these procedures, including position and preparation of the patient and of the operator, and handling of the organs.—*Medical Record.*

PILOCARPIN AS AN ADJUVANT IN THE TREATMENT OF SYPHILIS.—William J. Robinson advocates the use of pilocarpin as an adjuvant to mercury in cases in which the system has become saturated with mercury and it has ceased to have the desired effect. The glands continue hard, swollen, and tender, and stomatitis is marked. Gastrointestinal, hepatic, renal, and skin activity have been neglected. The pilocarpin causes the elimination of mercury that was stored up in the salivary glands and acting as a toxic body. In the bowels and kidneys the elimination has been too great for the organs and the pilocarpin causes the skin to act and carries the mercury to the seat of the skin lesions. The author recommends its use in doses of two to eight milligrams two or three times a day, without other drugs. It is of much value in secondary manifestations, and is a most remarkable glandular eliminant. In some cases supersaturation with mercury produces intolerance of the drug and the use of pilocarpin for a short time will enable us to resume mercury with excellent effect.—*Medical Record.*

IN RESPONSE to the requests of the stockmen of the State, the last Legislature appropriated $15,000 to the Agricultural and Mechanical College for the purchase of live stock. This means that hereafter the students in animal husbandry will have opportunity to study some of the best animals in the State. First-class specimens

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of each of the various breeds of beef cattle will be procured, for use in class room and for instruction to visitors. As far as the appropriation will allow, similar purchases of horses and sheep will be made. The college already possesses good representatives of four breeds of swine.

DIET IN PULMONARY TUBERCULOSIS.—Clapp gives the following dietary, subject to modifications, which will convey some idea of how consumptives with good digestion should be fed, if under weight: Breakfast—7:30 a. m. Fruit, cereal, coffee, toast or muffins, one raw egg, two glasses of milk. Lunch—10 a. m. Two raw eggs, two glasses of milk, crackers. Dinner—12:30 p. m. Soup; rare roast beef, or lamb, mutton, chicken, turkey, steak, chops, sweetbreads, or raw chopped beef; potatoes, two vegetables chosen from among stewed tomatoes, corn, peas, beans, squash, spinach, beets, onions, turnips, asparagus, cauliflower, celery, etc.; salad; baked or stewed apples or a simple pudding, custard, cornstarch, farina, rice, junket, or bread pudding. Lunch—4 p. m. Two raw eggs, two glasses of milk, bread, or cheese sandwich. Supper—6:30 p. m.—Hot or cold meat, bread, milk toast, fruit or sauce, tea, one raw egg and two glasses of milk. Lunch—9 p. m. Two glasses of milk.—*N. Y. Med. Jour.*

THE injection into a ganglion of the wrist of phenol-camphor, two to ten minims, according to the size, and repeated once or twice if necessary, will cause its complete disappearance in most cases. No attempt at preliminary aspiration need be made.—*American Journal of Surgery.*

THREE or four drops of peroxid of hydrogen in the ear followed five minutes later by thorough syringing with boracic acid solution, will readily remove any impacted cerumen.—*American Journal of Surgery.*

EARLY DIAGNOSIS AND HOME TREATMENT OF PULMONARY TUBERCULOSIS.—Emmet Keating, of Chicago, refers to cases that are really incipient, giving no marked tuberculous symptoms and no physical signs. The facts elicited from physical examination of the chest should be regarded as only confirmatory of the diagnosis. Important factors are family history, occupation, spitting of small amounts of blood, chilly sensations, very slight fever, an indefinite history of night sweats, loss of weight, constipation, clammy hands,

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a red line on the gums and shallow breathing. Respiration may be slightly jerking, with harsh inspiration. The pulse is accelerated. As to the treatment the author does not favor the use of tuberculin. He recommends beginning treatment with six weeks' rest in bed, in the open air as far as possible. Three meals a day should be taken and milk and eggs used besides. The most useful drugs are arsenic and nux vomica. No cough mixtures should be used. The best sedative is milk and eggs taken before going to rest for the night. Morphine is the only remedy for profuse hemorrhage.—*Medical Record.*

Abstracts and Selections.

The Successful Practitioner.

We are often struck by the wonderful success of some individual in the practice of medicine. Do we as often stop to analyze the situation and endeavor to find out what produces such a condition in his particular case? We hear some one say that his neighbor whom he personally knows to be limited in capacity, in information and in preparation, enjoys a large part of the work of his profession in that special community. There must be a reason for this, and perhaps it is as frequently as anything else the personal equation that enters largely into the matter. There is a decision, a firmness, a kindness and an attentiveness, an interest that other men do not show in their work. We think it is the rule rather than the exception that a patient would rather have a doctor who was personally interested in him, who knew comparatively little, than one who had the reputation of knowing it all and regarded the patient as he would a piece of furniture. If we are not mistaken, the time for planting this interest in each individual case dates back to the time when men are doing their hospital and clinical work. They should pay attention to every detail and every requirement of any case that is of sufficient importance to come under their observation and care. They should learn personally to be able to do any and everything that could contribute to the comfort as well as to the recovery of the individual case, for the simple reason that they can not teach others to do that which they have not themselves already learned. It is positively painful to see bright, well-educated, well-informed physicians who have obtained sufficient information to secure good hospital appointments drift

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hopelessly and aimlessly through their service, apparently having in view only the acquisition of a hospital diploma. Indeed, it is almost certain that we can predicate what will be the future of those whom we have seen in the performance of their hospital and dispensary work. What is true of the younger members of the profession is still more true after some years of practice. If they are slip-shod, careless, indifferent, inattentive, they can not expect to hold, much less to engage a large clientele, and if some of our brethren who take every opportunity to proclaim their fitness for the practice of their profession and their inability to get sufficient work to keep body and soul together would practice a little introspection and a little more reformation, if not too late, they would find conditions changing. In medicine, as in everything else, the survival of the fittest is apt to be the rule.—*Post-Graduate.*

Hygienic Kitchens.

Dr. Ernest Wende, during a former term as health commissioner of Buffalo, rendered the city and directly the country at large a great service when he put out of commission the deadly long-tube nursing bottle. Almost immediately after the abolishment of this innocent looking but disease-breeding tube, infant mortality fell to a nominal rate in this city.

The recent crusade that Health Commissioner Wende has made in the interest of hygienic kitchens is next in importance, in our view, to the long-tube nursing bottle campaign. The disclosures made by the health inspectors relating to kitchens and their environment in hotels and restaurants, are such as to create astonishment on the part of the general public, who of necessity patronize them. While it is a comfort to learn that many hotels and other places where food is served were found to be in a cleanly condition yet, on the other hand, to be informed that so many were not only unclean but even filthy, was astounding, some of these too taking rank as first-class establishments.

That serious sickness, more or less widespread in character, has not resulted from the neglect disclosed by the inspection, must be more a matter of good luck than otherwise. When it is recalled that in many of these kitchens and ice boxes were found decomposing fish, decaying vegetables, spoiled meats, and tainted milk, one is inclined to exclaim, having in mind the official work of Dr. Wende and his assistants, for this relief, much thanks!

It is scarcely to be comprehended that, in this day and age of

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improved sanitation and with so many appliances that make for cleanliness and safety, intelligent men and women in charge of kitchens from which food is served to the public should need the stimulus or prodding of sanitary inspectors to compel them to keep their houses in order. Every landlord, steward, or superintendent of a hotel, club, restaurant or other place where food is sold to the hungry traveler, should make daily inspection of his kitchens and other rooms where food is cooked, stored or served, to see that they are kept in perfect sanitary condition and that frequent coats of whitewash are administered to the ceilings and walls.

Scarcely more important than the foregoing is the suppression or elimination of flies, these daily carriers and distributors of infection. We shall not enter into a general discussion of this question at this time, but shall content ourselves with a quotation from an interesting little brochure on Healthy Summer Homes, written by Dr. W. S. Searle, of Brooklyn, in which he deals with this question as follows:

"Still worse as carriers of disease are flies, and they are the most ubiquitous as well as iniquitous pest of this climate, if not in the world. Especially fond of all decaying substances, vegetable or animal, they light and feed upon them, and then, upon our food, carrying all sorts of bacteria and distributing them wherever they go, much as if the farmer should tramp into the parlor in boots that he has worn all day in the barnyard.

"Thorough and effective screening, especially of the kitchen and dining room, with death by violence or poison of such as evade our constant vigilance, is absolutely essential to healthy summer homes."

We hope Dr. Wende has given an object lesson to the inhabitants of Buffalo, and especially to the proprietors of hotels, restaurants and eating houses, that will last them a long time. We expect to return to this subject in the near future, giving it more emphasis in detail.—*Buffalo Medical Journal.*

Good Advice and Suggestions.

The Chief Medical Inspector offers the following advice and suggestions:

"This is the season when the city dweller leaves the comfort and safety of his home and in pursuit of rest and happiness in the country eats and drinks things infected with typhoid fever germs

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and is bored into by hungry mosquitoes frequently loaded with malaria germs. These seekers after rest and happiness are liable to drink polluted surface water in lakes and streams. Open wells are often infected with typhoid fever germs and are among other sources of typhoid fever.

"We do not wish to frighten the rest seeker or in any way mar his happiness while taking a much needed vacation; but we wish to warn him against drinking typhoid fever germ polluted water or milk. Each year in August there is an increase in typhoid fever cases, and the investigations show that about one-fourth of all our city cases are contracted in the country, where the victim has been spending his summer vacation.

"Typhoid fever is a preventable disease. The water, ice, milk and raw vegetable supplies are the most frequent sources of typhoid fever infection. In the presence of discharges from a typhoid fever patient flies may carry infection to your food and drink. There is safety in boiled water, Pasteurized milk and cooked vegetables.—*Bulletin Chicago Health Department.*

Denatured Alcohol.

We have received many inquiries concerning denatured alcohol and the conditions under which it may be used. The information at our command comes from the United States Department of Agriculture, and we take pleasure in imparting it to the readers of the *Bulletin.*

The process of rending alcohol unsuitable for drinking is called "denaturing," and consists, essentially, in adding to the alcohol a substance soluble therein, of a bad taste or odor, or both, of an intensity which would render it impossible or impracticable to use the mixture as a drink.

Inasmuch as alcohol is the chief active ingredient in a great many beverages which are very extensively used throughout the United States, and as the alcohol in these beverages, with the exception of that in wines and cider, is subject to internal revenue tax, it is of the greatest importance to the revenues of the government that tax-free alcohol for industrial purposes be rendered unfit for drinking.

The number of substances which have been mixed with alcohol to denature it is extremely large, and that particular denaturing agent should be selected which is best adapted to the special use

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to which the denatured alcohol is to be put. Among the substances which have been proposed are:

Gum shellac (with or without the addition of camphor, turpentine, wood spirit, etc.), colophonium, copal resin, Manila gum, camphor, turpentine, acetic acid, acetic ether, ethylic ether, methyl alcohol (wood alcohol), pyridin, acetone, methyl acetate, methyl violet, methylene blue, aniline blue, cosin, fiuoescine, naphthalene, castor oil, benzin, carbolic acid, caustic soda, musk, animal oils, etc.

Under authority of the amendatory act to the internal revenue law providing for the manufacture of denatured alcohol the Commissioner of Internal Revenue has just completed the new denatured alcohol regulations which will take effect September 1st, next. The old regulations were found to be unnecessarily stringent in some points and the new regulations have liberalized materially the government's method of handling the denatured alcohol industry. Inasmuch as this industry, when fully known and appreciated by the farmers of the county, is expected to save much of the farm waste in grains, fruits and vegetables and in turn is expected eventually to be a source of cheap fuel supply to the country, the new regulations, which are based on a close investigation of foreign methods and domestic conditions, are of great interest at this time.—*Illinois State Board of Health.*

The Rearing of Children.

Lecturing on the above subject at the Institute of Hygiene on February 20th, Dr. Carpenter emphasized the importance of the subject as regards our natural welfare, and maintained that the future prosperity and position of England must depend on its receiving the serious attention due to it. The child should make a good start in life with a strong, healthy constitution. A child, however, can not select its own parents—it has to put up with them—and this brought us face to face with problems affecting unsuitable marriages, which were very difficult to solve. Yet much can be done by safeguarding the maternal health, and not only seeing that the child was suitably fed but suitably born.

The lecturer advocated natural feeding in the earlier stages of life, and in dealing with our milk supply he strongly condemned the lethargy and negligence of the authorities in allowing it to continue in its present unsatisfactory condition. Howls of indignation rent the air when "The Jungle" revealed the horrors

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of an American packing house, but it seemed difficult to arouse the public in regard to an equally scandalous state of affairs in regard to our own dairy operations. Untold infant lives were sacrificed to the demon "dirt," and the health and physique of innumerable others were seriously undermined by this, and also the wholesale supply of tuberculous milk. He advised that children, after the second year, should have a varied diet. Oatmeal was excellent, and richer in phosphates and proteids than either wheat or barley, and he much preferred natural oatmeal to any of the prepared oat foods. Maize also made a nourishing porridge, and he had no objection to fruit and fruit juice, at this early age, with milk puddings, but the fruit must be well cooked and free from fiber, skins and pips.

Children are often thirsty, and they should be given water, not milk, to drink—milk should be reserved for their meals—but the water should be properly filtered and, if this is not possible, it should be boiled. But while they may drink between meals they should never be fed but at regular hours, and the stomach should not be overloaded, as this is sure to produce future trouble. A child has no right to have an aversion to any wholesome article of diet, and, if it has you may be certain it is the fault of the nurse or parent. Such freaks and fads about foods should always be discouraged, and a little patience taken early to this end will be well repaid by saving much worry later on. Pure sweets may be allowed in moderate quantity as a reward for good conduct, but they should never be offered as bribes. Children who are perpetually stuffing sweets, and who are fed to repletion on a variety of good things at all times and all seasons are a disgusting exhibition of parental incapacity and folly, and this is a sure way to bring about disease.

To rear children properly, however, not only is good food essential, but fresh air and plenty of it, and a child will not be healthy unless ample provision is made in this respect. Exercise is also most important to ensure a vigorous childhood, and the daily walk should not be omitted whatever the weather. Healthy games develop the chest, improve the wind, and make the muscles and sinews hard and elastic; indeed all infants should be encouraged from the first to kick their legs and arms and move their bodies, and they will generally take such exercise if left to themselves. In conclusion, Dr. Carpenter referred to the effect of sleep, bathing, clothing and education upon the health of children, and said that

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while many of life's successes were fashioned in the nursery too many of life's failures were due to early environment and the faults of parents and others to do their duty by them.—*Post-Graduate.*

The Annual Session of the National Confederation of State Medical Examiding and Licensing Boards.

The seventeenth annual session of the National Confederation of State Medical Examining and Licensing Boards was held at the Traymore Hotel, at Atlantic City, on Tuesday, June 4, 1907. This meeting was attended by the President and Secretary of the Illinois State Board of Health, both of whom took an active part in the business and discussions of the session.

The Confederation was called to order by the President, Dr. Edwin B. Harvey, of Massachusetts, and an address of welcome was delivered by Dr. E. L. B. Godfrey, of the New Jersey Board.

Much interest was manifested in an address made by Dr. Harvey, the President of the Confederation, who admitted his opposition to "pure reciprocity," but contended that his position had not been taken without considerable thought and investigation. Dr. Harvey called attention to the fact that the requirements of a State examining board, as they appear on paper, are not necessarily the requirements in fact, and stated upon investigation, two States, whose professed requirements and examinations entitled them to reciprocity with New Jersey, were found upon investigation to employ such careless and slip-shod methods as to make the examination a farce.

The report of the Council on Education of the American Medical Association, on the standing of various medical colleges, was presented to the Confederation and received with some praise and with much adverse criticism.

Dr. W. J. Means, of Columbus, Ohio, read a paper advocating the division of the State medical examination, the first part of the examination to be given in the middle of the college course and the final examination at the time of graduation. Dr. Mears held that this plan was not devised to make such examination easier for the student, but for the purpose of heading off, as it were, the medical students who come to the end of the second year unqualified in their elementary work, that they may be turned back to properly ground themselves before entering the two final years. In the discussion of this paper it was apparent that confidence in the hon-

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esty of the medical college is not as general as would be hoped among those men experienced in State examination and licensure and that the tendency of the future will be to place less dependence upon the recommendations of college faculties than in the past, and more of an effort will be made to determine the fitness of the student regardless of college certification. Incidentally, the plan proposed by Dr. Means found no support among the reperesentatives of the various boards present.

The following officers were elected for the ensuing year:

President, Dr. George W. Webster, Chicago, Illinois.

First Vice-President, Dr. T. Y. Happel, Trenton, Tennessee.

Second Vice-President, Dr. A. Ravogli, Cincinnati, Ohio.

Secretary-Treasurer, Dr. Murray Galt Motter, Washington, D. C.

Executive Council, Dr. N. R. Coleman, Columbus, Ohio; Dr. A. Walter Suiter, Herkimer, New York; Dr. James A. Egan, Springfield, Illinois; Dr. Henry Beates, Jr., Philadelphia, Pennsylvania; Dr. Charles A. Tuttle, New Haven, Connecticut.

Chairman of the Committee on Curriculum, Dr. Henry Beates, Jr., Philadelphia, Pennsylvania.—*Illinois State Board of Health.*

The Opsonic Index in the Tuberculosis of Children; Its Relation to the Tuberculin Test.

Dr. Thomas Morgan Rotch, of Boston, Mass., read this paper, in which he emphasized the growing demand for making an early diagnosis in tuberculosis, particularly in children. It was an established fact that early diagnosis meant cure. The two means for making an early diagnosis were the tuberculin test and the opsonic index. The former should be used only by trained observers and with the greatest care. A positive reaction had been obtained in 99 per cent of cases of tuberculosis, but a negative result did not necessarily exclude the presence of tuberculosis. In his experience the giving of an overdose of tuberculin had proved serious. Children, however, took it without danger if given in the proper way. Interrupted doses are not necessary. He advocated giving the reaction dose. In one case the question had arisen as to whether the tuberculin was curative. The opsonic index had been taken in some cases in children to determine whether tuberculin had better be given as a test; and also, if tuberculosis were present, whether a large or small dose of tuberculin should be given in connection with the treatment. The gen-

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eral rule in giving the vaccine was that the initial injection should be very small. When small increasing doses had been used over a long time reactions had been very few; therefore, he had been encouraged to continue studies along this line. He suggested that in the future the different vaccines would probably be used for diagnostic purposes, though he did not wish to go on record at present as advocating their use for this purpose.

Dr. Charles Gilmore Kerley, of New York City, said the observations at the Babies' Hospital, under Dr. Holt's service, coincided with the experience of Dr. Rotch, and that no harm had come from the use of tuberculin; also that one injection sufficed. A useful field for this test was in tuberculous peritonitis, where the diagnosis was often very difficult.

Dr. Isaac A. Abt, of Chicago, Ill., warned against being too reckless with the use of tuberculin. He had had some sad experiences with it. Not more than two milligrams should be used at a dose.

Dr. Louis C. Ager, of Brooklyn, N. Y., had found, in following the literature of the subject, that there is a wide divergence of opinion as to what constitutes the safe dose. This should be more accurately determined. He asked if Dr. Rotch had confined his experiments to the old tuberculin.

Dr. A. W. Fairbanks, of Boston, Mass., said the impression against tuberculin was due to the teaching of Virchow and his pupils, who believed tuberculosis in many cases was disseminated by its use. His own prejudice against it was being gradually overcome.

Dr. Russell S. Rowland, of Detroit, Mich., cited a case of tuberculous peritonitis in which the patient was in too bad a condition to warrant operation. Tuberculin was given as a last resort, and rapid improvement followed, the fluid disappearing rapidly. Operation in this case now thought to be unnecessary. He cited a post-operative case which was improved under the opsonic treatment. Two facts had been brought out by this treatment, viz: First, that in tuberculous peritonitis the index was low before treatment; second, that when the index is raised the patient is put in better condition for operation. After operation the opsonic index went down and remained down for a long time, which showed that the operation might be an autogenous method of producing vaccine which gradually improves the condition. He mentioned a case of meningitis of the diplococcus type, which he had seen late in the course of the disease. He made a vaccine, but the parents of the

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patient would not consent to its use. The child recovered. If he had used the vaccine the recovery would have been attributed to its effect.

Dr. Rotch, in closing the discussion, said he had used only the original preparation. So far as he knew there was no difference in the efficacy of the old and the new preparations, but with the latter small doses must be given. At the Infants' Hospital, as well as at the Massachusetts General Hospital, it had been routine practice to test for tuberculosis with tuberculin. Given properly, it was no more dangerous than opium, strychnine, or any other remedy. The dose for children was two to five milligrams; as much as ten milligrams had been given. One milligram would very seldom give the reaction. It might be given in interrupted doses when a slight reaction is desired. Two milligrams was a diagnostic dose. For therapeutic purposes small doses were given. —*J. A. M. A. and Record.*

Simple Filing Device for Case Records.

OTTAWA, ILL., June 24, 1907.

To the Editor:

The article of Dr. Farr in the *Journal,* June 22, prompts me to mention a simple filing device which I have found useful. For years I have kept important case records on slips of paper, thick enough to be easily fingered over when filed, as in a card catalogue. At first I used cards, but found it no easier to manipulate them, and they add very materially to the bulk. With the multiplication of the records, however, it became a little troublesome to look up a case during a busy office hour. In order to lessen the number of record units to be gone over I have, for the past few months, adopted the method of placing each patient's, or in some cases each family's history slips in a half envelope—that is, an envelope sealed and cut midway between the ends. I have used slips 3½ by 4⅛ inches. These fit readily, as to width, in No. 6¾ envelopes. A good quality of envelope, as regards durability and facility of handling, is XXX white.

The slips are about one inch longer than the half-envelopes, which makes their insertion or removal easy, yet they do not fall out under ordinary handling. The face of each container is 3¼ by 3½ inches, available for printed forms or other memoranda.

Only the envelopes are touched in looking for a case, so that the slips are not soiled or worn if kept in a suitable cabinet or desk

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drawer. Each half-envelope will hold from six to ten slips without filling it so full that the slips can not be easily inserted. The envelopes enable one to use thinner paper for the records, thus taking less space than a card system. Of course, any size slips and envelopes could be used. The cost is nominal. The quality of envelopes mentioned sell, wholesale, at about $1.25 a thousand, which makes 2000 containers. The envelopes can be cut at any printing office at a small cost. I have paid from 50 cents to $1 a thousand for the blank slips.

This method is not suitable for clippings or miscellaneous papers, but for any records that can be made on a nearly uniform size of paper it is convenient.—*A. M. Shaw, M. D., Journal A. M. A.*

The Survival of the Fittest.

BY JAMES J. MONTAGUE.

"If a baby is a weakling, kill it."—Boston

When Dr. Osler long ago announced that any one
Who'd passed the turn of forty years was just about all
We slugged our aged grandsire with an anvil in the chest,
And he amid our falling tears was laid away to rest.
We often miss the dear old man, but if the world's to thrive,
We know from modern science that the fittest must survive.

And now we learn from Boston that the little children who
Are not quite physically fit must be disposed of, too.
We've chloroformed the baby, we've poisoned little Jim;
As Willie was a weakling we took an axe to him.
Bedelia fell and broke her arm one afternoon at play,
And as we feared it might not knit we threw her in the bay.

The family's sort of shattered now, we broke it up a bit;
But those of us who still remain undoubtedly are fit.
And yet we read the daily press with pale and haunting fear,
And dread some new scientist will presently appear
To prove that he's the only man who should remain alive,
And kill us all in order that the fittest may survive.

—*San Francisco Examiner.*

DIET IN PULMONARY TUBERCULOSIS.—Herbert C. Clapp, of Boston, says that diet is a most important factor in the treatment of

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tuberculosis. A consumptive is much more likely to eat too little than too much. Systematic overfeeding with proper digestion of the food are the accepted remedies. The food must be palatable and well served and the amount must vary with the patient and his circumstances. The outdoor air will enable him to assimilate large amounts. Milk and eggs are the best foods to produce fats, which are most necessary to the patient. The author advocates three solid meals a day, with lunches between of milk and eggs, about three quarts of milk and six eggs a day being taken. Fresh meats are especially necessary for these patients, but a mixed diet is undoubtedly the best borne. Meat juice is valuable. Pastry, candy, fried foods, and cabbage should be let alone. Alcohol is not advisable, but coffee, tea, and chocolate may be taken moderately.—*Medical Record.*

Lines Written in a Rest-Cure.

(With apologies to R. Kipling.)

When the rest cure's last meal has been eaten
And the dishes are washed and dried,
When the oldest cow has been butchered
And the youngest chicken has died,
We shall fast—and faith we shall want to,
Be empty and such things eschew,
Till the hunger of all good stomachs
Shall set us to eating anew.
And those that are fat shall be happy,
They shall sit in a dining chair—
And eat from a ten-pound pork roast
With entrees of heaviest fare.
They shall have real cows to milk from,
Beans, and corned-beef and slaw
They shall eat for an age at a sitting
And never be full at all.
And nothing but hunger shall urge us,
And none of the stomachs shall pain,
And no one shall eat for prizes
And no one shall eat for gain.
But each for the joy of the eating,
And each in his separate way,
Shall take the food as he wants it,
Whether 'tis onions or hay. —*Detroit Medical Journal.*

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What is the Moral of this Incident?

Dr. X. enjoys the largest general practice uptown. His large automobile is always on the go. He paid me a visit this afternoon. He was in the neighborhood, he said, and he thought he would drop in and make the acquaintance of the editor of the "brightest and most interesting medical journal published." He evinced some interest in the environment of the C. & G. office. He noticed a large number—over two hundred—of different journals of the current year, neatly arranged in piles. "You read all of them?" "Yes." "Where do you get the time?" "You can get the time for anything, if you really want to." "Well, I can't. All I read is the *J. A. M. A.* and the *Critic* and *Guide*. I think they are the best journals published. And you and Dr. Simmons deserve a great deal of credit for the work you are doing with reference to patent medicines and proprietary nostrums. Great work. Time the physician's eyes were opened." Here he coughed and continued: "Would you please let me have a swallow of water. I have a little cold." The office boy brought a glass of water. Dr. X took out a tablet from a box in his vest pocket and swallowed it, washing it down with the water. The tablet was an Antikamnia and Codeine tablet.

I said nothing.

A life subscription to the reader who will point out the best moral of this incident.—*From the Critic and Guide.*

THE MORAL.

On page 8 of the January, 1907, *Critic and Guide,* appears the following editorial with which, no doubt, Dr. X fully agrees:

"When a patient comes to consult me and pays me a fee, then my sole sacred duty is toward that patient and towards nobody else. And I am going to use on him and prescribe for him whatever I consider most useful for him, regardless of all other considerations. Whether the preparation is trade-marked or not, whether it has a fanciful name or not, whether it has a circular around the bottle or not, whether the druggist makes 50 or only 5 per cent profit on it—for all of these things the patient does not care a picayune; and neither do I."

State Medicine.

W. H. Sanders, Montgomery, Ala., defines State medicine as "the exercise of power by a civil government for the protection of

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its people against disease, as well as for the promotion of their physical welfare and development," and says that it is a fundamental essential that any system devised for this purpose must correspond in construction with the government to which it belongs. In constructing a public health system for the United States, the relative rights and duties of the public health officials that represent the separate coexisting governments must be definitely defined and adjusted, and he quotes decisions to show that the control of any such system for the whole country does not, under the Constitution, come within the scope of the powers of the general government. The plan he would propose to meet the difficulties and provide a unified system of sanitary control would be through the county, State and National medical organizations. Taking the county medical society as the unit, he would have it made the county board of health by legislative enactment, it to select the county health officer and his assistants and the necessary health officials for the municipalities. Next above this would be the State medical association, with similar powers to advice and to elect the State health officials. Then he would have a National board of health, made up of delegates from the State boards, one from each State, which, though having only advisory authority, could through its influence with the several State boards from which it is made up, as well as in other ways, give direction to health measures for the benefit of the whole country, which could be accepted and legalized by the State Legislatures. This is not, he says, an altogether untried plan—so far as State and county organizations are concerned it is the plan devised by the late Dr. Jerome Cochran, and is embodied in the State health laws of Alabama, which, four times in the past ten years have proved a success in the protection of its citizens from the great scourge of the tropics, yellow fever, while adjacent and neighboring States were sorely smitten.—*Journal A. M. A.*

Sanitation in the Canal Zone.

In his address before the graduating class of Cornell University Medical College, Dr. W. T. Gorgas first gives a history of the conquest of yellow fever in Cuba, and then passes to the application of the facts there learned to conditions in the Canal Zone. The situation in the two places was radically different; in Havana there was a single city under military control; in the zone there are the two towns, Colon and Panama, and the fifty miles with

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its 40,000 of canal employes and laborers between them. There was no concentration of authority as at Havana, and the sanitary organization had to be built up from the beginning. There were myriads of stegomyia breeding in the two towns and the destruction of the breeding places, so that the fumigation work could be effective, took time and trouble. The results therefore were not so immediately encouraging as at Havana, and it was sixteen months before yellow fever could be completely stamped out. The last case occurred in December, 1905. The method used to exterminate malaria was different, and here also there were difficulties. Drainage ditches became quickly clogged with vegetation, and it was hard to keep even concreted drains clear of obstructions and stagnant pools. At present subsoil drainage is employed as much as possible. This gives very satisfactory results and now, with the screening of dwellings and the use of mosquito bars, etc., he believes they have gained control over yellow fever and malaria. In the towns of Panama and Colon it is believed that the stegomyia is practically exterminated and that yellow fever would not spread if it were introduced. A rigid quarantine, however, is still kept up against infected points to prevent any chance of its introduction. Malaria has been so controlled that the total sick rate for the month of April, 1907, was less than 17 per 1000, and the general health of American employes on the Isthmus is as good as in the United States. Gorgas believes that the work on the Isthmus had demonstrated that the tropical diseases, yellow fever and malaria, can be entirely controlled in the Canal Zone and will not interfere with the building of the canal. Pneumonia has recently been epidemic among the colored laborers, but now seems to be on the decline. He thinks that the experience and knowledge gained of late years with the diseases of the tropics will have a far-reaching effect, and that with the two principal diseases eliminated, life in those regions will be more healthful for the Anglo-Saxon race than in the Temperate Zone. The tropics, he thinks, may yet be settled by the white races and become the chief centers of wealth. civilization and population.—*Journal A. M. A.*

Vocal Rest in Laryngeal Tuberculosis.

Felkin reports eleven cases of laryngeal tuberculosis in which complete vocal rest was carried out, in combination with sanatorium treatment. The beneficial results were most striking. The rest should be complete, not even whispering being indulged in.

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All unnecessary coughing must be suppressed. The laryngeal movements associated with clearing the throat should, as far as possible, be done away with. The nearer the disease approaches the chords, arytenoids, or arytenoid folds, the greater is the impotance of laryngeal rest. No fool will ever get cured of pulmonary tuberculosis; this is even truer of laryngeal tuberculosis. Nasal breathing should be encouraged as a habit, because it is a further safeguard against useless coughing. In febrile cases isolation in bed almost ensures silence. The resultant improvement itself acts as a powerful incentive to the patient to persevere.—*N. Y. Medical Journal.*

Oposins and Tuberculosis.

Squire reviews the subjects of the oposins and oposinic index of the blood in general and as a means of controlling the tuberculin (vaccine) treatment of tuberculosis. In tuberculosis the position is somewhat as follows: In some localities within the body bacilli are established and are producing toxines; the cells in the immediate neighborhood are overtaxed and are unable to produce sufficient protective substances to deal with the attack. The rest of the body is not infected, so that the blood does not contain the stimulus to protective metabolism by the leucocytes, and the general opsonic index remains low. The general protective power of the blood may be raised, but this does not affect the conditions in the disease area. Injection of tuberculin to raise the general opsonic index will not cure the disease, although it may, and probably does, protect the body against general infection and may limit the spread of the disease locally. So far it is extremely valuable, especially if the individual's opsonic index was naturally low, but only as an adjunct to other treatment such as removal by surgical means of the disease focus. Scraping operations in surgical tuberculosis should never be undertaken without ensuring that the opsonic index of the patient is high enough to guard against general infection. There appears to be some possibility of overstimulating the reaction powers of the cells by introducing toxines into the circulation, especially when the toxine is already present from the disease.

Overstimulation paralyzes physiological activity. Such a result is sometimes seen in the production of diphtheria antitoxine, when as a result of too much toxine, the cells in the horse's body cease to respond and can not resume their specific activity until after a long rest. The negative phase which occurs after tuberculin in-

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jections is probably something in the nature of a result of temporary overstimulation. Taking it altogether, it appears that in those diseases, such as tuberculosis, in which the bacteria produce endotoxines and which are, for a time at least, localized, injections of toxines may be useful in prophylaxis, either in guarding against possible infection from without or against autoinfection from the disease area, but are of little use in the actual cure of the disease. So that the author is as yet unconvinced of the Wisdom of Wright's method of treating pulmonary tuberculosis by the introduction into the body of a further supply of tuberculous toxine. The procedure is too risky with our present incomplete knowledge as to the formation of antibodies, and the conditions regulating the specific protective reaction of the leucocytes. For cure we want excess of antibodies within the area of the disease.—*N. Y. Medical Journal.*

Publisher's Notes.

A BLEND OF HARMONIZING DRUGS.—The above condition has been fulfilled in Sanmetto—its ingredients harmonize, forming a most perfect blend of the santal and saw palmetto with soothing demulcents and well chosen aromatics, resulting in a soothing, healing and restorative remedy for the diseased genito-urinary economy, at once efficient, and adapted alone or in combination with other drugs.

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Bristol-Myers Co., 277 Greene Avenue, Brooklyn, N. Y., the manufacturers, offer to send liberal samples to physicians, upon request.

THE THREE AGES OF WOMAN.—THIRD STAGE.—With the climacteric, the sexual life of woman is brought to a close, and is considered by some authorities as the most critical era of her existence.

Various disturbances of the circulatory, nervous and digestive systems as well as of the pelvic organs are usually characteristic of this period and are manifested many times by hot flashes, headache, melancholia, vertigo, neuralgia, etc.

For its calmative and sedative action upon the nervous system as well as for its normalizing effect upon the vaso-motor system, Hay-

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den's Viburnum Compound seems to have proven, as a result of twenty-six years of clinical investigation, to be a most satisfactory remedy from a therapeutic standpoint for administration just preceding, at the time of, and following the menopause.

NOTICE, LEATHER GOOD BUYERS.—The Chicago Leather Goods Co., of 182 Washington Street, manufactures all kinds of Physicians' leather goods and make the Marshall's Patent Convertible Buggy-Case-Saddle-Bags. The time of the year is rapidly approaching when you should place your orders for these goods, and get them fresh and of the best make and material. See their advertisement elsewhere in the NEWS.

The Treatment of Inoperable Malignant Tumors—Carcinoma.

I have two reasons for presenting a discussion of the treatment of cancer at this time: First, the importance of the subject; and second, the hope that I have discovered a method which may result in saving many lives. It has been affirmed by Wutzdorff that there has been an increase in the number of cases of cancer in the last few years, and some, with Sir W. M. Banks, believe the increase is due to excessive meat eating. At any rate, it has been shown that many cases occur in robust and well-fed individuals and especially in the comparatively young of both sexes. If often happens that the presence of such a growth is not suspected until it is too late for operative interference, because of the fact that the appearance of the patient does not indicate the progress of the disease (Nothnagel). Many cases also occur which can not be operated on because of the location, as when situated near vital organs or around important blood-vessels. Then, again, there are patients who will not submit to an operation.

To the medical man has usually fallen the duty of caring for these classes of unfortunate cancer patients and from time immemorial the professional mind has been taxed to discover some means of relief, some agent or remedy which might destroy the abnormal growth.

Lauder Brunton was the first to investigate the chemical composition of cell-nuclei from which has been secured a compound called nuclein. This substance is an albuminoid and contains phosphorus. Nuclein is the most distinctive element of leucocytes, being the constituent by virtue of which the cell grows (E. R. Larned). Vaughn and McClintock have demonstrated that the nuclein is the germicidal agent in blood plasma and is furnished by the polynuclear leucocytes.

The bromide of gold and arsenic is another remedy which, in my hands, has seemed to prove useful in the treatment of inoperable carcinoma; but I have always used it in connection with other

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As soon as the stomach regains tone, a small quantity of milk should be gradually added, until the proper proportions of Mellin's Food, milk and water, adapted to the age of the child, are reached.

Mellin's Food in these cases is much to be preferred to barley or other cereal gruels, as it is free from starch, and therefore does not set up. but actually allays, intestinal irritation.

We will gladly send samples free to you, Doctor, on request.

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agents. I had have more confidence in the nuclein than in the bromide, chiefly, perhaps, because I have had two cures in which I did not use the bromide, while I have had none where nuclein was not used. I have come to consider the administration of nuclein and the bromide of gold and arsenic together as a most rational and valuable treatment in cases of inoperable carcinoma. It is the combination upon which I depend rather than on either agent singly.

I have used this method of treatment in many cases with apparent benefit, but I am able to report only five cases in which the treatment was carried out as prescribed from the time the patient came under by observation until the termination of the case. One of the cases died. The other four recovered.

CASE 1.—Mrs. S., aged 50. She had suffered no serious illness prior to the beginning of her present ailment, about one year before my first visit. Her first symptoms were indigestion, flatulence, heartburn, eructation of gas and similar disturbances of the stomach. The symptoms had gradually grown worse until pain and vomiting had supervened some weeks before. She had lost flesh and grown weak. At the time of my first visit, the patient was lying on a couch, in pain, pale and cachectic. She had been vomiting and apparently had suffered much. The ejecta having been destroyed, no opportunity offered to analyze the vomited material at that time. The temperature was normal. Temporizing treatment was adopted and the patient was not seen again for a week. Then I was summoned hastily to see her and found her vomiting and in great pain. She had not been free from these symptoms since my former visit. This time, following my directions, the vomited material had been reserved for examination. The patient had not improved. The ejecta were typical and abundant and contained dark grumous material, mucus and remnants of food. The occurrences of vomiting were periodical. A distinct tumor could be outlined at or near the pylorus. The bowel evacuations also contained a dark material. Chemical examination showed increase of lactic and absence of hydrochloric acid. The microscope showed cell-nests and bacteria. *Diagnosis, carcinoma of the stomach.*

Treatment.—The local treatment consisted of the use, by mouth, *of a 2 per cent solution of Hydrozone.* The patient was told to drink half a pint of this solution half an hour before meal-time, lie on the back for five minutes, then turn on the right side and remain in that position for twenty-five minutes. This remedy was given for its antiseptic effect. The internal treatment was nuclein. The particular preparation was Reed and Carnrick's protonuclein. The dose was 24 grains a day. This time the patient was kept under observation for a month, until the symptoms were not quite so severe. The treatment was continued, however, and after several weeks I called to see the patient in another exacerbation of her symptoms; but this time they were not so severe. After a few days I dismissed her again, with advice to continue the nuclein, *but to omit the Hydrozone.* Some five months later I called to see

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the patient and found her at work about the house. The symptoms and tumor had disappeared and the cachectic look had given place to a more healthful appearance. I did not see her again, but three years later I was informed that she was well and had had no return of the old symptoms.

The Pathology and Treatment of Hay Fever.

One of the most striking pathological features of this malady is a turgescence of the turbinal tissues due to extensive dilatation of the capillaries. That this is the result of an angioneurosis, involving a more or less pronounced local vaso-motor paralysis, is pretty generally conceded.

In the treatment of hay fever with Adrenalin Chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of strong solutions. The application of the solution of Adrenalin Chloride stimulates the vaso-motor supply, resulting in a contraction of the capillaries. Overestimation, by reaction, is very sure to result in a complete paralysis of the vaso-motor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

Solution Adrenalin Chloride (1-1000) may be diluted with normal salt solution and sprayed into the nores and pharynx.

Adrenalin Inhalant may be preferred to the aqueous solution, for obvious reasons. This product contains one part of Adrenalin Chloride in one thousand parts of an aromatized neutral oil base, with 3 per cent Chloretone. It is vaporized by means of a nebulizer.

Adrenalin Ointment may be applied to the turgescent nasal mucosa by means of a cotton applicator. Henry Guy Carleton (*Therapeutic Gazette*, June, 1907), says that "Relief can be accomplished more quickly by smearing one or two minims of ointment containing 1-1000 of Adrenalin between the brows and half way down the side of the nose than by the inunction and spraying of the nasal mucosa." The modus operandi is explained as follows:

"The effect is to allay the irritation of the supraorbital, supratrochlear, and infratrochlear and frontal nerves, and the superior and inferior nasal, the nasal rami of the superior maxillary, and the nasopalatine nerves, all of which are involved in a severe attack. Those rami in the pasterior nares which may be affected will be relieved simultaneously, exactly as all branches of the supraorbital affected in a supraorbital neuralgia are relieved when an application of Adrenalin Ointment is applied only to the supraorbital foramen."

Messrs. Parke, Davis & Co. issue a brochure on the treatment of hay fever, which will be sent gratis to any medical man upon request. We suggest to our readers that they send for the brochure, as hay fever is an exceedingly interesting and timely subject.

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Original Articles.

CONTRIBUTED EXCLUSIVELY TO THIS JOURNAL.

The Management do not hold themselves responsible for the views of their correspondents.

The Power and Influence of Suggestion on the Mind and Its Relation to Longevity.

BY CLARK BELL, ESQ., LL. D., OF NEW YORK.

Outside the now universally recognized influence of "suggestion" in the treatment of disease, among the master minds, and profound thinkers among medical men, the power and the resistless influence of extraneous impressions, which affect the mind, demand our careful, conscientious study.

If death itself can be induced by mental impressions alone, of which there is not the slightest doubt, is it not worth our while to consider how far we are affected by our environment, habits and methods of living.

I cite the old case of the man condemned to death, and handed over to the medical men, who informed him that he would be bled to death, but without the slightest pain. He was shown the preparation of the vessels to catch his blood, and all the accessories, then

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blindfolded, and a small stream of water poured from a can on his naked arm, and after a sharp blow, what he believed to be blood, he heard falling into the basin an attendant was holding by his side when he was blindfolded. He gradually sank, grew weaker and weaker, and expired at what seemed to him to be a real execution, but wholly imaginary, in fact a complete but unsuspected mental delusion.

Mr. Harry Gaze told me of a case within his personal knowledge of Captain Overton, a centenarian of Long Beach, California, who lived to the age of 105, and was in business till the day of his death, selling papers and small articles to visitors at that resort, and in perfect health, who died at his place of business on being told he would die that day, and when he reached his business, reading in a newspaper an obituary notice of himself, giving an account of his death, which gave him such a mental shock that he succumbed and died from the effects of mental impression caused by a practical joke sought to be played upon him.

Can we be too careful of what impressions we allow to fall on the mind of the child impressingly?

I heard Mr. Harry Gaze lecture recently, and he criticised the prayer we teach our infant children to make every night on retiring—"Now I lay me down to sleep," etc.

It is a terrible mistake to have placed before the mind of an infant child every day as a part of a prayer the thought of death, as in "If I should die before I wake."

Is it not a serious experiment, this constant placing the thought of death not only but "sudden death" before the mind of a child every day and day after day of life, and might it not tend to result in early death?

The mind of a child is most impressionable. It should not be allowed to contemplate death and especially the fear of death habitually. Its teaching should be the joy of life, of health, of strength, of the Infinite. The prayer should be uplifting, aspiring, joyous.

Character is thus formed. God and the Infinite should, of course, go into the mind and soul of the child daily and constantly. The thought of contemplation of death should rarely be brought to the consciousness of the young and the eager soul of childhood of youth or into the life of us all.

We are autohypnotizing ourselves for early death, if we daily in our prayer deliberately contemplate death as facing us.

The human mind has no doubt been greatly influenced and

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often dominated in the history of the race by accepting the words of the prophet as placing the round of human life at three score years and ten. It was used as figure of speech, not as a statement of a fact.

The constant suggestion of death, or entertaining the fear of death, or fear at all, is as dangerous to the adult as to the child, especially so to the aged, the infirm or to the debilitated mind of the invalid.

The danger lies in the mind accepting and being influenced by error as to youth and age.

The gospel of today should be perpetual youth and of work so long as work is a joy to the heart.

Henry Gage is one of the disciples of this doctrine, in which he speaks like "one of the Twelve," and "his mission is the truth and of everlasting life."

Youth and age are relative terms to indicate how far the soul remains youthful. I have a friend who fancied he was old at 50, and commenced to believe himself to be old, retired from all active work, and actually began to stoop, and walk slow, and behave according to his idea of what was due to his mental conception of old age.

We read recently of a child of tender years dying of senility.

Youth is an affair not of years, but of the soul. To keep the soul young should be the aspiration of every human heart. In the training of the child the elimination of "fear" should be the first, the highest consideration.

Carlyle is right in saying that no man can accomplish high work until he puts "fear" under his feet.

The business man who retires from useful work at 70 or 75, under the mental impression that he should commence to prepare for death, takes the first step towards the cemetery and begins to drive the nails in his own coffin.

There are few men in the world of sufficient vitality to stand such a mental shock and strain as such a change involves. He should rather study how to keep his mind free from worry, or fret, and how he can continue his usefulness, strengthen his youthfulness of fear, reconcile his mind to his environment, and consider what is in the way of his realization of his right to at least a century of life, and that a happy, contented and joyous life.

Some of the noblest and best of human lives reached their highest usefulness between 80 and 90 years of age; one of Titian's great masterpieces was painted after he was 90.

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Gladstone's greatest political triumphs as a statesman and parliamentary leader was when he was well along in the 80's. I heard Luther R. Marsh speak at his 90th birthday dinner for nearly two hours late at night, with all the energy, fire and enthusiasm that distinguished has career at our bar.

We should learn to correct our early impressions as to the duration of human life and to realize how much depends upon our mental suggestions and conceptions in this respect.

CENTENARIANS.

Captain Goddard Diamond, of San Francisco, is, perhaps, the most active of our present centenarians, now past 112 years of age, well preserved. He was canvassing and selling his own book entitled "How to Live Long" at 111 years of age.

Captain Overton, cited above, died recently at 105, carrying on his work at the day of his death.

Mrs. Sally Hull Doremus celebrated her 104th birthday August 13, 1907, at Newark, N. J., and Mrs. Mary Marocco Bowman her 108th birthday at No. 28 Amity Street, Brooklyn, in August, 1907. Clipped from the list of deaths from the *N. Y. American* of July 19, 1907, that of John Kelderman, who died July 18th, at Schenectady at the age of 107, the father of thirteen children.

AMONG THE NONOGENARIANS.

The same number of the *American* also contained in its list of deaths the name of Mrs. Caroline F. Smith at Vineland on July 18, 1907, in her 95th year.

I met at Saratoga in early August Mrs. Mary Shippen of Washington City in splendid health and intellectual strength and very vivacious; she will celebrate her 90th birthday by a dinner, as she has done each year for thirty years, on August 18th at Saratoga, N. Y.

Rev. Bostwick Hawley is president director, in splendid health and activity, conducts funerals, conducting the home for children there, and preaching occasionally in his 94th year, and sure to reach the century mark. He told me his mother, Patsy Bowen, only reached 76 years, but that his grandmother, Patsy Bowen, née Cady, was 90 at her death; works every day.

He gave me the name of Electa (Abel) Curtis, the mother of Mrs. William Ziegler, of New York, who died at Saratoga not long since at 98 years of age, and of Mrs. Van Rensselaer, now living, active and in good health at Saratoga, past 90 years of age.

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Mr. Sidney Wintringham, of 168 Hicks Street, Brooklyn, was born in Wall Street, New York City; is in full possession of all his faculties, and before we leave any doubt on our minds as to to the usefulness and activity of the aged in years—we may recall among the nonogenarians: Pope Leo XIII, 93; Las Casa, 92; Louis Kossuth, 92; Benjamin Dougless Silliman of our bar, 96; Alanson Jermane, the uncle of Mrs. Russell Sage, 95; Baron J. von Liebig, 90; and among the ancients, Zeno, 98; Sophocles, 90; Pyrrho, 90, and Thales, 90.

Among the octogenarians, we need mention in the same feeling only a few of the notable men of our own time, heading the list with Mr. Russell Sage, 87 years, who should have lived to 100, who did not find time to take a vacation; the bulk of the vast fortune which he amassed far more than half of it after he was 80.

Dr. A. N. Bell, editor and founder of the *Sanitarian,* who kept at his desk till 83, and is as competent as ever, with only the infirmity of deafness.

Wilson MacDonald, the sculptor, who at 83 is busy putting the statue of Washington in the public schools as she was at 75.

Elizabeth Cadl Stanton, 87; Harriet Beecher Stowe, 85; her sister, Isabella Hooker; Baron de Lesseps, 89; Judge Tany, 87; Noah Webster, 85; Tennyson, 83; Herbert Spencer, 83; Palmerston, 81; Marshal Soult, 82; Professor Morse, 80; and among members of the Medico-Legal Society I recall without making the list at all complete, besides Luther R. Marsh, 92; Dr. A. N. Bell, 83; David Dudley Field, 86; Professor Virchow, of Berlin, 82; R. Ogden Doremus, youthful till the day of his death, 84, and his father, Thomas C., 82, and his grandfather, Coe Thomas. Doremus, 94; all octogenarians, except the elder, and all active and in full possession of their faculties at death.

Hon. W. P. Letchworth, 85 years, in full mental strength and activity.

Among judges and jurists now living Charles Donohue, in full practice at the bar, one of the sagest counsel in the city, 84; Judge Charles R. Ingalls, 87; Judge Augustus Bockes will celebrate his 90th birthday, if he lives till November next; Mary Louis Thomas, Vice-President of New York for the Medico-Legal Society, at her death, February 13, 1907, at 85, and active intellectually till near her death.

Elbert Hubbard writes me: "My father here at 87 is the best man of his years, mentally and physically, I ever saw; his mind

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is just as active as mine. He sleeps, walks, reads and talks like a man."

The August obituary list of the *Review of Reviews* contains the names of the widow of Professor Agassiz at 85; Sir John Hall, ex-Premier of New Zealand, at 82; Churchill J. White, banker, of Kansas City, at 82; Count Constantin Nigra, dean of the Italian diplomats, at 80; Hiram J. Ayers, inventor of giant powder, at 84; Prof. Ernst Hugo Fischer, of Heidelberg, 83; and a longer list of septogenarians, headed with Joseph Knight, editor *Notes and Queries,* London, 78; Governor Ordway, of Idaho, 79; Hector Heine Matot, French novelist, 77; Rev. Wm. Kirkus, of the P. E. Church, 77; Wm. Frederick Schenck, engineer New York City elevated roads, at 77, closing the 80 list, besides a large number past 70 under 76.

This partial citation of names shows the unwisdom of allowing our minds to be dominated by the popular superstition that 70 or 75 is an age when human activity should cease; when old age commences and youth ceases. There is no age at which man should voluntarily cease his activities for usefulness. The race should come out of its hypnotic trance as to youth and age.

The mind controls all. If fear is out of the mind and the soul is in harmony with its work and the laws of life and health observed with the simple life, plenty of outdoor exercise and frugal living, it is the fault of the individual if he does not attain the century of human life, which Dr. Brown Sequand, of Paris, asserted that every man was entitled to.—*From Advance Sheets Medico-Legal Journal.*

Modern Practice Portrayed in Old English Ballad, or, The Sad Case of a Lady Fair.

Betimes there was a lady fair,
A lady fair and grand
And mickle wealth of gear had she
And acres broad of land.

She diamonds had and stocks and bonds
And notes of large amount,
A goodly share of ready cash,
Besides a bank account.

But though so rich, this lady fair
Could never happy be;

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Her days were spent in grievous pain,
  Her nights in miserie.

She wot not what to do at all,
  So many pains she had,
She had dark circles round her eyes,
  Likewise her breath was bad.

Then thought this lady fair and grand,
  "'Tis best for me, I wist,
To townward hie and there consult
  A learned specialist."

Then fared she to a specialist
  And rang his silver bell,
A liveried lackey met her there
  And marked her diamonds well.

Then hastening to his boss, he said,
  "A lady waits within,
She jewels has upon her hands
  Besides a diamond pin."

"'Tis well, my henchman," said the boss.
  "Admit her here straightway,
'Tis cold in August if I fail
  To make this business pay."

And when he heard her tale of woe,
  Of woe and pain, said he,
"Your ovaries are busted, ma'am; they must
  Enucleated be."

"Good sooth," quoth she, "and must I lose
  My badge of womanhood;
Though great the price I would not mind
  If just my health was good."

So she consented grudgingly
  To this his stern decree,
And when 'twas over, "Sire," she said,
  "What might your guerdon be?"

Then glancing at her jewels fair
  He slyly winked two wunks,
"Your bill, my ladie fair," said he,
  "Is just two thousand plunks."

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She paid it sadly, but alas,
No comfort yet she had,
She still had circles round her eyes
And still her breath was bad.

But not despairing of relief
She said, "Mayhap I can
Some easement find if I, perchance,
Consult the proper man."

So she sought out with mickle care
A man of high degree
And told him what her troubles were
And of her miserie.

Then quoth that wise and learned man,
"Your case is plain to me,
Your uterus is wrong side up
And must remov'd be."

"I do not care a grote," she said,
"Since I am vouchsafed ease.
Besides, what is my uterus worth
Without my ovaries?"

So out it came and with it went
The contents of her purse,
But still her pain did naught abate,
She waxed worse and worse.

And thus she went from man to man,
Thus did this lady fair,
Until at last she had no more
Appendages to spare.

Her diamonds with her ovaries went,
Both precious jewels they,
A floating kidney took her bonds
And all her stock away.

She of her uterus and her cash
Together was bereft,—
Appendicitis took her lands
And gall stones what was left.

So she was trimmed and plucked
As clean as any goose,

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But all in vain, for her relief
It was not any use.

For still she suffered sore distress,
No comfort yet she had,
Her eyes were dull and lusterless,
Her breath was passing bad.

Now it befell there lived a man,
A doctor grey with age,
A blunt and honest gentleman,
Old-fashioned, truthful, sage.

Long had he lived to diagnose
The nature of disease,
And note throughout the rise and fall
Of many heresies.

Then to this wise and learned man
This lady fair appealed
And said, "In your opinion, can
What's left of me be healed?"

"Good sooth, I trow you surely can,
You constipated be,
A penny's worth of calomel,
A little senna tea,

A proper diet, exercise
With some judicious care
And all your pains and miseries
Will vanish in the air."

"And now, kind sir, what is your fee?"
"One dollar, ma'am," he said.
She paid the guerdon scornfully
And sadly shook her head.

"Alas! Alas! I have no faith
In such a simple plan,
O woe's the day I ever should
Consult a dollar man."

But as her substance all was gone
And empty was her purse,
She said, "I'll try the simple plan,
It can not make me worse."

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And now her miserie is gone,
Her eyes are clear and bright,
Her breath as sweet as any babe's,
Her step elastic, light.

She only mourns her substance spent
In futile search of ease
And all her lost appendages,
But most her ovaries.

Calvert, Texas, April 20, 1907. DANIEL PARKER.

CHLOROFORM FOR RIGID PERINEUM.—Chloroform may be used as suggested by Southworth in the following combination to overcome a rigid perineum in labor: Chloroformi, 60 or oz. ii; etheris, 30 or oz. i; spiriti odorati, 500 or O i. M. S.—Apply locally. This mixture acts quickly and well, large heads safely passing the perineum, which had previously threatened an extensive rupture.

The Modern Therapy of Cystitis.

Martin W. Ware, of New York, concedes that cystitis arises from bacteria conveyed from without, generaly by instrumentation. The first prophylactic measure is aseptic catheterization, the operation being done under as severe precautions as major surgical operations. Urinary retention must be avoided, since it facilitates infection. In acute cystitis no instrumentation or washings are allowable. Rest, sedatives, hot applications, and internal urinary antiseptics are in order. When the acute process has subsided, instillations and irrigations may commence. Silver nitrate is one of the most useful drugs locally, applied in various strengths, according to the conditions. In chronic cystitis obstructions to the free outflow of the urine have to be treated. Stricture must be dilated and irrigation done at the same time. Perineal section is useful for drainage only when sepsis has occurred. In vesical calculus the stone must be crushed. With prostatic hyperthropy careful catheterization or the indwelling catheter are useful. The irrigation fluids must be changed often, and bacterial examination of the urine is useful. In tuberculous cystitis the kidney is generally the source of the infection and must be treated. This form of disease will not yield to silver nitrate. Guaiacol and iodoform in oil are useful. Ulcerations must be treated by applications or curetting.—*Medical Record.*

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TO THE NEWS READERS.

DALLAS, TEXAS, August 10, 1907.

Dear Doctor:

We take this opportunity to inform you that the TEXAS MEDICAL NEWS has moved its main business from Austin to Dallas, Texas. Further to notify you that we are planning to make the NEWS the best independent medical publication in the Southwest.

We have arranged to make the NEWS a departmental journal beginning with the November issue, and will have each special department edited by some of the leading specialists of the State, with collaborators selected from the most reputable men in their departments in the United States. In addition to this we expect to make an active campaign all over the State first, and then elsewhere, for new subscribers. We appreciate your patronage in the past and assure you that by November we expect all of these changes to have been completed, and hope to furnish you one of the best, most up-to-date, and especially practical medical publications in the Southwest. We assure you that the NEWS does not intend to encroach nor interfere in any way with our splendid *State Journal of Medicine,* which is a publication we should feel proud of and

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should give our support, but we believe there is room now, and always has been room, for a good independent medical publication.

We trust to have your continued patronage, as well as contributions in the way of medical items of interest, practical medical experiences and scientific papers for publication.

Please address us in the future to Dallas, Texas, Box 207.

Yours sincerely,

TEXAS MEDICAL NEWS,

M. M. SMITH,

Managing Editor.

We will be pleased to see you if you attend the Dallas Fair. Suite 415, Wilson Building.

A SUGGESTION IN REFERENCE TO THE NEXT MEETING OF THE STATE MEDICAL ASSOCIATION.

While the writer was North this summer he took occasion to invite a number of the leading physicians in New York, Chicago and St. Louis to attend the next meeting of the State Medical Association of Texas. The reply was, "I shall do so if I can possibly get away." When the writer would say, "Did you ever go tarpon fishing?" the answer was, "No." Then an explanation was made of this noted form of sport, and an assurance that an effort would be made to have as many of the profession as desired to go tarpon fishing on adjournment of the Association. The usual reply then was, "If you will get up such a fish, I will certainly come."

Texas, as you know, offers a means of fishing sport unexcelled in the world, and why not make this a feature for the next Association meeting? Without something of the kind, I fear the attendance will not be as large as if the Association had met in a more accessible place and in a larger city. With this feature added to the plan of entertainment, the attendance will not only be large in the State, but many celebrities from elsewhere may be induced to come down and favor us with a paper or a clinic, and then take an active part in the greatest sport today known in the piscatorial lines. We invite suggestions along this line, or rather hope to have those who have charge of making the arrangements to think of this feature, and see whether they deem it feasible.

A SIMPLE REMEDY for hiccough, the Medical Council reminds us, is that if we cause the patient to sneeze the hiccough often ceases.—*The Illinois Medical Bulletin.*

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Notes and Miscellany.

A VERY competent German physician and surgeon would like to learn of a good location in this State. Address "G. B.," care MEDICAL NEWS, Dallas, Texas, P. O. Box 207.

"THE physician who looks upon his professional training as merely an asset to his commercial value is unworthy the confidence of a human being."—*The Ohio State Medical Journal.*

THE average human life is thirty-three years. One-fourth of the people of the earth die before they are six years old; one-half before they are sixteen. About one person in every hundred lives to see sixty-five.

THE shortest people are the Bushmen of Africa. The average stature of their men is but 4 feet 4¾ inches. The bodies of these dwarfs are almost covered with hair, and they are counted as the lowest order of man.

FRIEND—And how did your wife's first efforts at cooking go off?

Young Husband—Oh! splendidly. She made some pea soup and we used it to stick down a bit of the carpet that was loose.—*Meggendorfer Blaetter.*

LORD LISTER, this year, celebrated his 80th birthday anniversary and, in spite of his old age, remains deeply interested in scientific matters. It was in 1867—forty years ago—that Lister's first papers on antisepsis appeared in the *Lancet.*

PAIN AND TENDERNESS behind the ear is not always indicative of mastoid disease. One should not forget to look for pediculi in the scalp, for they often lead to an infection of the deep cellular tissues in this region.—*American Journal of Surgery.*

NOTICE.—I would be glad to correspond with a physician who contemplates going to New York or Chicago for post-graduate work, to have company and save expenses. Best references. Address "Physician," care MEDICAL NEWS, Box 207, Dallas, Texas.

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When to Eat Cotton.—When one by accident swallows an object not intended for eating it is a wise precaution to send after it a quantity of absorbent cotton which has been picked into fine threads and mixed in bread and milk.—*The Illinois Medical Bulletin.*

Little Johnnie—"Mother, tell me how papa got to know you."

Mother—"One day I fell into the water, and he jumped in and fetched me out."

Little Johnnie—"H'm that's funny; he won't let me learn to swim."

Gray—"I'm in the pink of condition, old man, but I feel pretty blue because everybody tells me I'm looking awfully white."

Brown—"Well, I think that a chap who gets blue because he is white must be terribly green or have a strong streak of yellow in his make-up."

Camphor Carbolic Liniment.—Camphor gum, oz. xii or 360; phenolis, dr. iiiss or 14; alcoholis, dr. v or 20. M. S.—Dissolve the camphor in the carbolic acid and then add the alcohol. A very efficient remedy in burns, sprains, bruises, etc.—E. C. Culbertson, Caldwell, Ohio.

"When we cease to worship the city physician as a human God, merely because he is from the city, and cease to regard the country physician as a fool simply because he is from the country, we will be in a fair way to a more perfect organization."—J. B. Norman, *Journal Missouri State Med.*

Corresponding Advantage.—"How is it that Smith seems to be able to do anything and go anywhere he wants without home interference?"

"Don't you know his wife is tongue-tied?"

"Ah, that is why he is foot loose."—*Baltimore American.*

Professor August Bier, whose method of treatment of various inflammatory conditions by induced passive hyperemia, has been appointed to fill the chair of the late Ernst von Bergman in Berlin. Aside from the Bier passive congestion treatment, Dr. Bier gave to medicine a most important discovery in spinal anesthesia.

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GOOD STUFF.—"Come in here. I wish to tell you a piece of gossip Mrs. Smith told me."

"Is it good?"

"Is it? I had to promise not to tell a soul before she would tell me."—*Houston Post.*

THE Anti-Tuberculosis League of New Orleans held a meeting for the purpose of hearing the report of the architects on the plans for the sanitarium which it is proposed to erect at the St. Tammany Station, St. Tammany Parish. President McGehee said that the Chairman of the Finance Committee had stated that there was already $3000 available.

PREVENTION OF APPENDICITIS.—Tyson says that sound treatment should aim at the prevention or cure of appendicitis, the surgical measure being the last resort. The prominent cause being constipation, he strongly approves visits to mineral springs for the washing out of the intestinal canal, this doing much to prevent colitis and appendicitis.—*The Illinois Medical Bulletin.*

DR. W. W. KEEN, whose surgical writings are familiar to all American physicians, has severed his connections with the Jefferson Medical College, Philadelphia, of which he now becomes professor emeritus of the principles of surgery. Dr. Keen is now in Europe, where he will spend two years watching the work of noted operators and studying the surgical teachings of the "other side."

DOCTOR—What? Troubled with sleeplessness? Eat something before going to bed.

Patient—Why, doctor, you once told me never to eat anything before going to bed.

Doctor (with dignity)—Pooh pooh! that was last January. Science has made enormous strides since them.—*P. A. R. D. Bulletin.*

IT SEEMS that there are those in Texas who thrive and live well on quarantine, and quarantine and cotton have grown to be recognized as profitable lines in the Lone Star State. Just now there is a dearth of quarantinable material, so tuberculosis has been made the subject of attack. The Utopian day when infectious disease is

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no more will be hard on the quarantine guild of Texas.—*Chicago Clinic and Pure Water Journal.*

AT THE last monthly meeting of the New Orleans Board of Health methods were discussed looking towards a more thorough compliance by the local physicians with the recent order compelling them to report all cases of tuberculosis. Although a good number of the doctors have followed instructions and given in all cases that have come under their observation, there are yet many who neglected to do so.

BECAUSE he was made to believe that some medical students were planning to put him on the dissecting table and thus frighten him into a violation of the law by carrying a revolver, the Columbus, O., Director of the Public Service, on July 5th, granted a parole from the workhouse to Samuel Clark, a young colored stonemason. Men had made remarks about what a fine cadaver Clark would make, and how a bunch of medical students would delight in getting hold of such a specimen for their dissecting table. He then armed himself with a revolver and was promptly arrested.—*Lancet-Clinic.*

DR. C. A. L. REED, of Cincinnati, made one of the principal addresses at the joint meeting of the medical societies of Butler, Warren, Montgomery and Green counties at Franklin, O., July 9th. He flayed Senator Foraker most unmercifully for his attitude on all questions in which the doctors were interested, notably the Pure Food Law and Osteopathy. Although the doctor did not mention the senior Senator's name once, every one present knew who he was hitting, and every time he made a particularly savage thrust the applause was long and loud. It was quite evident that the doctors were unanimously opposed to the senior Senator.—*Lancet-Clinic.*

STUDIES OF JUVENILE CRIMINALS.—Arthur Mac Donald, of Washington, describes three sorts of studies entered into by him of juvenile criminals. The first is physical defects of sixty-five young criminals. Some of these defects are normal in lower races and in animals. The most frequent taints are hereditary nervous diseases, 95 per cent; lung diseases, 64 per cent; alcoholism, 62 per cent; insanity, 47 per cent; epilepsy, 32 per cent; mental back-

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wardness, 20 per cent. Next comes a study of 200 children from 6 to 12 years of age in a reformatory. Few of the parents were criminals. Many of the children were abandoned. Last is given the history of a criminal-born child. This child was always unmanageable, and had many physical defects.—*Medical Record.*

THE silly fashion of tight-lacing among ladies (says Dr. Kaye, medical officer for the West Riding) is worthy of this epitaph, entitled "Mary's Little Corset":

Mary had a little waist,
She laced it smaller still;
A stone o'er Mary has been placed
Out on the silent hill.
And on that stone these words are writ,
"Oh, let us hope she's gone
Where angels never care a bit
'Bout what they have got on."

QUAKER WHISKEY CURE.—William Penn was once urging a man he knew to stop drinking to excess, when the man suddenly asked:

"Can you tell me of an easy way to do it?"

"Yes," replied Penn, readily; "it is just as easy as to open thy hand, friend."

"Convince me of that," the man exclaimed, "and I will promise upon my honor to do as you tell me."

"Well, my friend," Penn answered, "whenever thee finds a glass of liquor in thy hand open that hand before the glass touches thy lips, and thee will never drink to excess again."

The man was so struck by the simplicity of the great Quaker's advice that he followed it and reformed.—*Minneapolis Journal.*

THOSE who appreciate the historical and scientific value of "The Surgical History of the War of the Rebellion" will learn with regret of the death of Dr. John H. Brinton, who not only compiled that monumental surgical record, but who was entrusted with the establishment of the army medical museum at Washington. Dr. Brinton was born in 1832 and was graduated from the Jefferson Medical College and later from the University of Pennsylvania. He served in the Civil War as a surgeon, ranking as major and in charge of the medical department of the Army of Tennessee. In

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1906 he resigned the chair of surgery and clinical surgery in the Jefferson Medical College, which he had held since 1882. Dr. Brinton was a personal friend of President Grant, and stood high in the councils of that remarkable group of medical men of his time, among whom may be mentioned J. M. DaCosta, Agnew, Henry W. Smith and Samuel D. Gross.

YE SYMPATHETIC FRIEND.—Friend—"Got a cold, I see."

Jinks—"Yes, a little one."

"You ought to be mighty careful. That cough needs attention."

"Think so?"

"It has a graveyard sound."

"Good gracious!"

"Awful dangerous times for people with colds—la grippe, pneumonia and quick consumption everywhere."

"Eh?"

"Yes. A friend of mine took a cold not half so bad as yours last week and in three days he was dead."

"My stars!"

"Fact. The doctor said my friend might have pulled through if he handn't worried so much. Take my advice and try not to think about it."—*London Tattler.*

Abstracts and Selections.

Office Equipment.

Having visited so many physicians' offices recently and noted the great variety of equipment, prompts me to write this article, which is timely. We hope some time in the future to submit photographs of various offices and thus aid you in improving yours. I regard this matter as one of great importance to the physician's success. In the first place, the equipment of an office will depend upon the community in which we reside, and yet we should have a high ideal in this respect and strive to have our office equipped better than the best in our community. We should endeavor to have at least two rooms, each of which opens into a hall as well as into each other. We can in this way dismiss a patient without him having to pass through the waiting room and be subjected to the gaze of other patients. In our private office we should have a

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gynecological chair, instrument cabinet, table on which we may keep instrument tray, pus basin, glass jars containing cotton, etc. These articles may be white enamel or oak finish. We may have a desk in this room, and stationary washstand or a movable one on which a bowl and pitcher is kept. On the floor a linoleum or rug should be placed. In your waiting room place your bookcase, table and chairs, magazines, books and pictures, accessible to waiting patients. The room should be embellished with pictures and rug, making it bright and cheerful. Of special apparatus for the general practitioner I would recommend the galvanic and faradic wall plate, providing the physician is versed in electro-therapeutics or has the time or inclination to study the subject. Unless you do this, better not purchase one. You ask, "What's the use of me improving the appearance of my office? I have all I can do now." Yes, doctor, but what kind of practice? Riding day and night in all kinds of weather, wearing your life out for small fees and in many instances no fees. Would it not be better to cut out some of this drudgery and bid for office work by having regular hours, prepare to treat people better than your competitor and make more money easier than you are at present doing? Let me describe some two or three offices that I recently visited. They were of high and low degree. One at Matamoras, Mexico, that was indelibly stamped upon my memory. One room—in which was not even a floor, much less carpet or rug. The door of entrance was large like unto a barn door. The room was dimly lighted, in the center of which was an old table on which stood a few dirty medicines and medicine case. In one corner was a cot, which served as the doctor's bed. In the other corner was a box on which was an old dirty dish pan, which served as bath tub, wash basin, instrument tray and various other uses to which such utensils might be put. A mirror hung on the wall above this dish pan, and this comprised the equipment of this physician who had been ostracized from society by a crime committed in the States. Another office, which I visited in the country not over a hundred miles from here, was a small box house consisting of one room, bare floor except the tobacco juice, mud and trash with which it was covered. In the center of the room was a small box stove, that had never been blackened since it was bought, ashes on the hearth in front as well as on the floor, bricks under one corner. On one side of room was a bench made of plain boards put on boxes. The examining table was home made, rather rickety. In another corner were

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drugs; the bottles never had been dusted nor cleaned. The door to the office never being closed, and being in the country and the building a few rods from the house, pigs and chickens could wander in and out at will. There is no excuse for this state of things, for no matter how crude our environments, we may at least keep our offices clean and tidy. The degree of tidiness will govern the character of our patronage.

The question often presents itself as to how elaborate shall we fit up our office and will such apparatus as a static and X-ray vibrator, etc., pay in our community? Looking at it from the standpoint of an investment it will. Suppose we invest $500 in apparatus. If we thereby gain $50 we make 10 per cent on our investment. But we must consider the harm it may do us, for if we are not familiar with its use and fail to benefit our cases where a cure is expected, we are censured and our reputation is injured. We must then, before purchasing our apparatus, study the subject, and familiarize ourselves with the various machines on the market and thus be enabled to purchase our outfit to advantage as well as handle it intelligently and use it only where benefit may be derived. Let this editorial be the beginning of several articles on the business side of medicine.—*Medical Harbinger.*

Modern Aids to the Torture of the Sick.

Under the above title, we have discovered in our local daily press a most interesting article, written by "the sick man." It contains enough of truth to warrant reprinting in our pages. We feel that the poor sick man who wrote this article was indeed unfortunate during his illness, but we can not excuse him for reasoning from one experience, and judging a class by one of its representatives, a representative who seems to us a very poor sort. But let us quote the sick man:

"Some day when you have floated up to consciousness that is not too definitely defined, you become aware of the nurse's presence. She is a thing of cap and gown, featureless—or at least having no individuality of features. She lifts your head from the pillow, and saying: 'Swallow!' thrusts medicine into your mouth. 'Go to sleep!' she says in a tone of authority.

"You ask for a drink of water, to know who she is, and whence she came, and how long you have been sick, and what seems to be the matter, and for members of your family. You are told to be

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silent and to go to sleep. You remember neglected things, that pertain to your business, and want to get up to telephone the office, but nay, nay, little one; the nurse orders you to go to sleep, and refuses to answer questions. She devotes no time or art or skill or tact, to soothing you when feverishly exalted nerves keep you awake. She tells you to go to sleep, and saying 'bosh,' occasionally refuses to allow even the soothingest person to enter your room. She creaks in a rocker just out of your sight, embroidering fantastic roses.

"Sick as you are, the short-weight mentality of the nurse becomes apparent. She has no tact; no examinations in tact are required in the hospitals where trained nurses are graduated twice a year by hundreds. Later you become aware that psychology is not in the nurses' course. Your nurse keeps a record for the doctor, which is supposed to be a hard and fast, accurate history of your changing condition. Should accident aid you to possession of this record, you will find that you are credited with eight hours' sleep, when you know it was the nurse who slept, while you lay tossing. But only accident can aid you to perusal of this record, which she keeps jealously guarded afar from you. I have heard there are good nurses, tender, attentive, intelligent,—psychologically intelligent—but this is my impression of one."

To us it seems that though this article is somewhat whimsically written, and indeed shows a highly wrought temperament between its lines, it, nevertheless, assumes the character of a lay sermon. We somehow wish that the young lady who embroidered the fantastic roses might read it, and that its moral might strike home; for she would then see that in assuming certain airs, and neglecting to strive towards the attainment of the relationship that should exist between patient and nurse, she not only harms herself, but she brings down much prejudice on the innocent heads of her deserving sisters.

The sick man is right, in that psychology should be taught in nurses' training schools. It should be taught, however, to the superintendents and principals of these institutions, in order that they may pick out such women to become nurses as will regard their work in the light of a mission to suffering humanity. Nurses should strive, not through definite knowledge attained, in the treatment of the sick man as a thing in bed, to compass their work; but rather should they rely upon their true women's hearts and natural feminine tact, to gain the status with their patients that our friend,

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the sick man, above quoted, so urgently and pleadingly calls for.—*Interstate Medical Journal.*

What is There to Medical Treatment?

In an excellent paper, read before the American Medical Editors' Association, Dr. C. E. de M. Sajous gives us an original and rather striking view of the position in which the medical profession is placed on account of the drug nihilism which is now at the height of popularity in the United States. Dr. Sajous quotes the familiar saying of Osler concerning our use of "drugs of which we know little, in human bodies, the action of which we know less," and calls attention to the prompt corroboration of these radical views by Osler's successor—Dr. Llewellys F. Barker—who says that "drugs of unknown physiological action can not conscientiously be set to act upon body tissue in disease in which we are ignorant of deviations from the normal." A very large percentage of the younger men in practice in the United States—those who claim to be of an ultra-scientific school—have absorbed such ideas as these without realizing how such a creed must affect the honesty and integrity of their position as medical practitioners. The adoption of the Osler-Barker-Johns Hopkins idea means a corroboration of the opinion that drug treatment is almost entirely irrational and unworthy of employment—that the use of drugs of which we do not know everything, in the treatment of diseases of which we do not know everything, or in the human body of which we do not know everything, is irrational, unscientific and untenable. According to Sajous, "Indeed, it involves the sweeping conclusion that our ignorance in this connection at least, applies to disease as well as to therapeutics—in a word, to all that which endows us with the right to accept, with any degree of self-respect, the confidence which suffering humanity places in us." Even those of us who bind ourselves most strictly to the Oslerian drug-nihilistic creed must agree that it would not do to admit our deplorable ignorance both of disease and remedy to the laity, and in failing so to do, we must further appreciate that we are obtaining money from our patients upon a pretense of knowledge which, in the sacred halls of medical learning, we proudly disclaim having attained. We can not resist the conclusion that the drug-nihilistic idea is the puerile and bigoted product of the childhood of a scientific era. It comes from the narrow contention that, having reached a few truths by scientific

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ways, all ideas not so reached are of necessity erroneous. The scheme, in its arrant egotism, overlooks the possibility that our scientific methods are but half developed and that we are over-ambitious in attempting to pass judgment until a day of riper mentality. In fact, it strikes the disinterested spectator of this whirlwind day of drug nihilism, that to the vast majority it is but a fad or affectation, worn for the purpose of giving a semblance of ultra-superiority, and that very many of the Oslerian disciples are insincere both in belief and practice.

As is generally known, the recent ideas of drug nihilism have come to us largely from Johns Hopkins University and by many they are presumed to be the outgrowth of the splendid original work done in the medical department of that institution. As a matter of fact, however, the drug nihilism idea is a Johns Hopkins idea largely because Osler was capable of dominating Johns Hopkins and Johns Hopkins thought. The institution is excellent and built upon ideal lines for the production of a great deal which will be of value to the medical profession and to mankind, but it is not old enough nor sufficiently set in an established line to prevent the domination or its policy by as powerful and influential a man as Osler.

Without attempting to detract from the splendid reputation which Osler has made, we can not forget that some of his most widely quoted utterances have been more than tinged with sensationalism and it is not beyond the pale of reason that he saw some advantage in thus widely differing from other medical teachers and thereby fathering a school of practice of his own. If this idea is not tenable, it may be said that it is easier to presume that Osler and his satellites are wrong rather than that the vast army of capable therapists who are opposed to his notions, and the thousands who preceded them in the medical world, were entirely engulfed in therapeutic absurdities. That Barker should have followed in the radical steps of Osler is but natural. Barker was an anatomist in the University of Chicago until he became an internist through his succession to Osler's place at Johns Hopkins. It is quite likely that this unusual promotion was due to the fact that Barker was entirely in harmony with the views of the man he succeeded and with which the halls of Johns Hopkins had become impregnated.

The extent to which the teachings of Osler have influenced medical thought not only in the United States but abroad, is indi-

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cated in the statement by the president of a prominent British medical society that "if any daring member has introduced a subject bearing upon medical treatment, it has been with an apologetic air and humble mien, well knowing that if his remarks had any reference to the utility of drugs in the treatment of disease they would be subjected to good humored banter, and received by those sitting in the seat of the scornful with amused incredulity." There will be a day, if our foresight fails us not, when a great reaction will come and when the young men, who received their medical education in the "day of Oslerism" will be seriously handicapped as compared with those men who are equipped with a broad and discriminating knowledge of drug therapy.—*Chicago Clinic and Pure Water Journal.*

Nature, the Good Physician.*

BY J. D. MACPHERSON, M. D., AKRON, N. Y.

Volumes have been written by doctors, for doctors and of doctors, but tonight I am going to speak of the silent physician whose voice is never heard, who writes no theses and who tells no lies.

I shall not speak as a champion, for he need none, but say just a few words to recall to you the presence of the greatest healer earth has ever seen. No gaudy front or gilded sign betrays his presence on the avenue, no clanging bell announces that the doctor is in; no hurrying footsteps, no clattering hoofs, tells the quiet neighbors of the urgency of the call. Long before the best trained ambulance corps can reach the scene of emergency, old doctor nature is already there, his vast host of trained assistants laying out his plan of cure.

Where is there a doctor who would so meekly permit a gruff ambulance surgeon to wheel away his patient, patiently watch the ostentatious efforts of the surgeon as with human ingenuity he professes to assist, silently listen to the babble as to the result; then, after badly misdirected efforts of the surgeon who, without even the gratification of remonstrance, would so quietly set about to bridge the error of another?

While the mighty human hands lie still in sleep, this faithful worker patches up the errors of the day. The misplaced bone is

*Presidential address delivered at the eighty-sixth annual meeting of the Medical Society of the County of Erie, January 14, 1907.

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deftly calloused in, the surgeon's gash must have its pyogenic wall built without a second's wait, and thus the day and night is spent in ceaseless toil to keep the tenement of clay, our human habitation, whole. Let tired nature now but seek a moment of repose, a telegram along some racked nerve reports a microbe undermining some suburban center,; perhaps the tonsil is the part which demands his skill, and there soon a battle wages fierce and strong as leukocytes and phagocytes unite in deadly strife. The friction of the combat makes the human battle ground so chill and ill that at this juncture Dr. Pills is called in from his slumbers, and, hastening to the scene of action, fires in his dose of capsules, pills or gatling hypodermics. Slowly the mighty potion stills alike the friend and foe; then bidding waking ones good night, he returns to his slumbers thanking God for hypodermics.

Doctor, did you ever place your skillful self outside the field of contest long enough to see what nature could do? Do you fully understand that your feeble efforts are simple repetitions of what nature has done a thousand times before? Did you ever watch nature perform an amputation, a version, plane off a mass of granulations, tie off a tumor, drain a lung abscess, a salpingitis, or a hopeless case of appendicitis? She may finally bring safety after all hope has been abandoned; nevertheless, as the credit is yours, you also overlook a thousand other miraculous conditions which nature cures after you have considered them quite beyond the pale of human aid.

By this little digression from stereotyped lines, I wish to draw your attention closer to nature's methods. In nearly every case she mutely tells us by unerring symptoms when she needs the aid of human hands. Men, like swine, would trample jewels cheaply bought; nature only lets us mine from her storehouse facts as fast as we become educated to appreciate them. She admitted us to the sanctity of the peritoneum only when we knew enough to approach her portals with clean hands; no prayers or incense of the previous century could avail until the rays of microscopic investigation lighted up the scene.

Nature does not want to interfere with our rights. She is the most charitable physician on earth. God pity us if she were not. All she wants or asks of us is intelligent co-operation; she wants us to be on the watch for the line of demarcation, that old line with which we are all familiar in gangrene, and we should be able to locate it in other conditions. As a country physician, perhaps

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we have been forced too often to strain the danger line from bare necessity; but, on the other hand, do not our city compeers quite as frequently err in rushing the patient to a crisis, simply because facilities are at hand?

Abdominal surgery has become such a mine of wealth, its exploitation such a fascination to the would-be surgeon, that the inexperienced hover like a cloud of vultures round the clinic rooms. If some clinical Messiah would drive them from the operating room to the field of general practice for a probationary period of at least five years, commercial surgery would become the exception.

We do not wish to be placed upon record as decrying surgery. We appreciate the fact that well-timed surgery is a priceless boon to humanity. Uncalled-for surgery and useless medication, however, both are a tax upon the layman, which the medical profession has no moral right to impose. Nevertheless, we are proud to state that the great mass of our profession stands shoulder to shoulder for what represents good government, good ethics, and good common sense. The public is slowly but surely coming to a correct understanding as to when operations are imperative. Five years ago a countryman could hardly be dragged to the operating table for an early appendectomy; nowadays, he often requests it. This comes from education; the public is not slow to classify results, and in the smaller towns results from a professional standpoint are often obnoxiously apparent.

Preventive medicine as well as preservative surgery are both making desperate efforts to gain their proper foothold in the arena of medical science. Preventive medicine is seen in its best light from the side of sanitary science, whose gigantic strides during the past decade have placed it in the advance guard of cure. By its grand work throughout the State, sanitary science is slowly but surely educating the masses to a correct understanding as to where danger lurks, the secret hiding places of the unseen being pointed out. As the blood upon the lintel told the ancient Jew when the destroying angel was at work, so do our sanitary placards announce to every loyal citizen of the State a statute which it is for his interest to obey.

No crusade has ever been productive of so much good in so short a time as the quiet work of the sanitary officers of the State. The rapid dissemination of printed literature among the masses; the pointing out of the true source of infection; the bringing to

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the notice of the laity, the possibility of prevention in typhoid and tuberculosis; the mapping out of the entire care of a consumptive, even to the minutest detail, familiarizes the untrained attendant with the means of infection. Instinct alone will teach that dead men do not win battles, as surely as does the doctor know when his patient dies his fee stops. Popular notions are fast becoming relegated to the past; the slighter ailments need some rays from the camera lucida; one gets tired listening to the history of common colds and how they were contracted; a little study of nature's processes would teach a thinking mind how foolish to believe that a draft or exposure to wet or dampness will cause a sickness. Watch yourself during the next coryza you have, noting the tiny burning spot upon the upper floor of the soft palate, also the rapidity of its spread, the general inflammation invading one nostril, then the other; soon the slight rigors, then the bones ache—that's all, the microbe is in. The draft keeps on blowing just the same; having learned the true source of the trouble, up goes your window and God's fresh air fans your fevered brow, and does not come sneaking through the casement crevices or keyhole as it did of yore. This same germ to produce the varieties of so-called colds or influenzas has but to change its location or extend its lines, to produce all the different grades of respiratory lesions occurring under that special class.

We often try to picture to ourselves germ life as being legion in kind as well as numbers. This we do not believe to be the case. The same germ working in a different habitat may produce totally different symptoms; and thus we take it that where germ life has each been reduced to its common denominator, those inimical to human life will be found much fewer in kind than we now suppose. Nature draws no distinct lines to separate disease into sharply defined classes, but she gives us many warnings by the presence of local lesions which are too often overlooked and which long antedate the fatal issue, but point as truly toward the aftercoming result as the guide board at the country crossroad. While we do not intend to give any distinct classification of nature's signs, here are a few which might be tacked up as distinctive of the long list: early pulmonary hemorrhages, recurring pleurisy, contracted kidney, nervous dyspepsia with its concomitant mitral lesion, confusion of speech, shuffling gait, hepatic insufficiency, and last but not least, arteriosclerosis,—these all faithfully portray oncoming intrinsic lesion.

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While we do not pose as an educator, we wish to reiterate the feeling of a general practitioner that it is our duty to assist nature, not to place ourselves too distinctly in the foreground, but to anticipate nature at every point possible when she needs assistance. She has taught us lessons in promptitude by the manner in which she goes to work to expel the invader; now while eagerly watching for her signs of distress let us not overlook her warning placard, "Hands off." Nature and humanity should work hand in hand, young men and old men laboring side by side; the aggressiveness of youth toned down by the conservatism of age,—age supplying counsel and wisdom, youth, energy, impetuosity and action. The results of this combination has already made the research work of the nineteenth century gleam like a star of the first magnitude against the dark background of the past six hundred years.—*Buffalo Medical Journal*.

The Best Bath for Man.—Cold Water Thrown on the Ancient Prejudice Against Hot Ablutions.

NORMAN BRIDGE, M. D., LOS ANGELES, CAL.

The vast majority of people in civilized life bathe their bodies occasionally for pleasure or cleanliness, or both. Some of the lower animals even do the same thing. Only a small minority of the people of this country ablute their entire bodies oftener than once a week. They wash their hands and faces, their feet and other more soiled parts of the body perhaps quite often; but for the whole body once a week is a liberal estimate. Even this unusual indulgence is rarely taken so much on the theory of the requirements of health as for the supposed demands of decency.

But a respectable number of people, and the more refined and cultivated among them have long had the habit of frequent bathing. Some of the ancients had the habit, and it has been sporadic through the centuries. In recent decades it has become rather popular among the select class referred to.

Their motives in this overmuch of washing themselves are apt to be mixed, and mixed variously in different individuals. Some of them think that to be clean is to be good; they recite often the saying about cleanliness and godliness. Others think nobody can be well who does not bathe his body often; many of these take a bath once a day, a few take two or three daily—which last is evi-

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dence (but not proof) of gentle aberration of mind, a want of the normal sense of proportion.

The cold bath in the morning before dressing has come to a certain degree of popularity, especially among the vigorous people who little need any such aid to power. These advocate and defend it strenuously as a thing of hygienic safety.

Many people prefer hot baths, but rarely take them in the morning for fear of cold catching or some other harm—unless, indeed, they follow the hot water with a dash of cold.

The popularity of the cold morning bath is not based on pleasure in taking it, for few people enjoy it except in very hot weather. but all who are able to secure a reaction of body heat and sense of vigor after the cold bath of course enjoy that, and so fancy that they have pleasure in the cold plunge. Nobody enjoys getting out of a warm bed and into a tub of cold water, and whoso says he does needs to revise his use of words, and to remember that truth and accuracy are in the long run commendable.

Another reason why some people take the cold morning bath, not why they ought to take but why they do, is the widespread, fallacious notion that a hot bath, especially at other times than the bed hour, is dangerous to health and even to life. So deeply grounded is this idea among these good people that many of them would as soon think of taking poison as a hot bath in the morning, unless it were followed by a cold plunge or douche. They do believe in the possibility that the dash of cold water may close the "pores" of the skin, which they think have been dangerously "opened" by the heat, and so prevent some threatened but wholly suppositious calamity.

The tenacity and satisfaction with which people seem to cling to this false notion of physiology would be more amusing if it did not cause them so much injury and discomfort. Hundreds of people, the well and sick alike, are daily forcing themselves to a morning torture of cold water over their entire bodies because they think it their duty, and a pathetic fact it is. A few vigorous persons react so readily and well that the totality of the experience to them is one of pleasure; but a vast army of weakly people who need more health and strength, and who have no vigor to waste, expend half their day's stock of energy in trying to get up a reaction after the shivering experience of the morning—which they ought not to have had—and they succeeded only poorly and with purple lips and finger nails, with twinges of neuralgia and with troubles of indi-

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gestion, all of which they try to combat by thicker clothing and more room heat.

Hundreds of invalids are trying this same sort of experiment with themselves every day of their lives, and with more struggle and less success. This experience is specially hard on the weakly tuberculous patients who are so apt to have subnormal temperatures in the morning. There is much reason to think that the febrile ones among these have higher temperatures in the afternoon by reason of this morning struggle. Yet some managers of sanatoria for consumptives advocate the daily cold bath for every patient who can and will tolerate it.

This attitude is one of the most amazing facts in human judgment. There is no doubt that the shock of a cold thing momentarily applied to the surface of an easily reacting human body may affect the nervous system in the direction of more vigor; that is, as a stimulant, and so might do good. But most of the invalids have very little reacting power, and this rough experience tends to lessen vitality, not to increase it. Besides, it causes intropulsion of blood, temporary congestion of internal organs, and consequent disturbances of digestion. To subject an invalid to a daily discomfort that is not positively necessary is wicked; it is doubly so if positive injury is done by an ill-advised pain-giving measure.

The daily full bath is not necessary for the removal of dirt from the body. To say that the ordinary accumulation of smoot interferes with skin physiology by closing the pores is nonsense; a little perspiration lifts the dirt from the skin as inevitably as wood shavings float on the surface of water.

Moreover, there are as fine specimens of longevity, with a minimum of sickness, among the habitually dirty people as among the fastidiously clean.

Bathing of the whole body, and that often, is commendable, as clean clothes are. They all belong to the better civilization, and they are nice. Bathing, too, may be a useful stimulant to certain intimate processes of the physiology of the body; and it has some effect of skin massage, which is good as far as it goes; but for this last effect a rough towel or a flesh brush does as well as the bath. The activities of daily life of stirring people give considerable skin manipulation, so this manual grooming can hardly be demanded for active folks, however it may have a certain degree of usefulness.

Bathing should be made pleasant, not disagreeable. It ought not to be a torture but a joy—provided, always, that it can be made,

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as a joy, as useful in all ways; and it can be. Bitter medicines and flagellations are only justifiable by positive benefits for most grievous ills. The daily bath need not be painful in any of its steps.

The best bath for the average person, sick or well, is a very hot one, taken on rising in the morning, with a small quantity of water, and taken quickly. Such an one is a positive pleasure in every way; it has no drawbacks or dangers of any kind: and it is as useful as any bath can well be. The water should be much warmer than the normal heat of the body, and may range from 105 to 110° F. The higher temperature is preferable for a sponge bath, unless the room heat is quite high.

For a tub bath, which is the best, a bath tub is not indispensable; an ordinary large wash tub will do. It should have 6 to 12 inches in depth of the hot water. In this the bather sits and rapidly ablutes himself, his whole body, with soap if agreeable and with any sort of rubbing that he likes, using hands, brush or what not. It is better to sit and work than to lie down in this bath.

Not over five minutes should be spent in the tub; three minutes more suffices to dry the body; then dressing may be done at once—there is no need for towel rubbing to bring on a reaction; the reaction is there already, with pink skin, lips and finger nails, and with a pleasure that is complete because unattended with the memory of punishment.

After such a bath one requires no rest or other preparation for his breakfast or his day's work; he is ready for both, and goes at them as a boy goes to his play. There is no sensation of weakness or drowsiness after such a bath, none of the letting-down feeling that some people complain of after a prolonged soaking at full length in a tub of hot water.

There is no cold-catching or tendency to it after the quick hot bath. In a knowledge of some thousands of baths of this sort, by people of all degrees of vigor and many shades of various sickness, I have never heard of cold-taking or any other injury whatever from the bath. And unsought testimony to the value of this measure, in recovery from neuralgias and so-called rheumatism, from indigestion of various forms, and in more vigor and pleasure in activity, has come from too many of these people—often in melting gratitude at their discovery—to be accounted for by the complaisant theory of coincidence.

There never was any reason in the prejudice against the hot bath taken quickly. But there is an explanation of it in the popular

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tendency to remember and hand down from generation to generation, without sense or reason, all manner of notions and myths about possible calamities to human kind—as though man could find happiness and longevity if he could only have enough rules against calamities. Thus, hot baths, night air, fresh air in houses (especially in sleeping rooms), draughts of air, walking under a ladder, seeing the new moon in a certain way, observing deformed persons, having the dreams of indigestion, and a hundred other normal, harmless or insignificant things have been branded as harbingers of woe. And the brand has gone deep; it persists with many people who would really like to put away their foolishness.

It has been alleged against the hot bath as here advocated that for the well it tends to effeminacy and lowers the resisting power of the body; that, to toughen one to stand vicissitudes and avoid cold-catching, nothing is so good as the cold bath, especially about the throat and chest, with vigorous rubbing. Many children of otherwise kindly parents are daily tortured in this way to "toughen them." Of course, it toughens them, but any other form of exercise would do as well—and hot weather does it better than cold. It does not prevent colds except through increase of vigor. Colds do not come by sensations of cold or by draughts of air upon the skin, or by wet feet, but by fatigue, lowered vitality, overstrain of the nervous system and especially by indigestions and other disorders of the stomach and bowels. The best treatment of a cold is by resting of the stomach and a free use of saline laxatives, not with anodyne drugs of the current fashion.

In northern climes people rarely have colds during the winter weather, but rather in the melting weather of spring. A fit of migraine often is followed by a sneezing cold, with irritation of the lower air passages and coughs. This, too, is usually helped more by alkaline saline laxatives than by anodyne cough mixtures.

We are slow to adopt the correct theory of the occurrence of the common cold—mainly because it is not the layman's theory, for lay theories do sometimes persist amazingly, even among doctors, who often acquiesce in them without knowing it. But Benjamin Franklin, a layman himself, taught the correct theory a century and a half ago, only it was not fashionable then as it is not now. Many of his other wise teachings are unfashionable.

The right way to avoid colds is to keep the body well, and especially to attend to the digestive organs; and not to rail about draughts, night air and hot baths, all of which are good.—*Outdoor Life.*

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Flirts Most Cruel of All.

"A misguided individual who wants all love's roses without any thorns and usually ends with nothing to show but scratches."

"One who leads you to love's paradise and then rudely slams the gates in your face."

"A sample of Cupid's wares who can't make up her mind, and through her indecision is often left behind."

"One who possessing charm, uses it; discovering the power, abuses it; securing love, refuses it; plucks fairest fruit—and bruises it."

"A flirt is the wasp of society, rifling all the flowers of friendship, but producing no honey."

"A flirt is the destroyer of youthful belief in the goodness of human nature."

"A queer fish, having the voracity of a jellyfish."

"One whose heart is so susceptible and soft that Cupid's arrows pass completely through it without sticking."

"The moral earthquake that destroys our fairy city of belief in both man and woman kind."

"A flirt is a fraudulent person who by numerous devices tries to obtain love under false pretenses."

"A poacher with alluring snares on Cupid's estate."

"One who sees how near a lighted match can be placed to an unkindled fire without setting it aglow."

"One who plays with Cupid, but wears a suit of armor."

"The girl who plays with all the boys and treats them all as penny toys."

"A maiden effusive, attractive, elusive, of high hopes conducive, yet never conclusive."

"The average flirt is like the cheap boot—poor sole, plenty of tongue, elegant appearance, but weak in the uppers."

"One whose high opinion of her own attractions is only exceeded by her utter disregard of the feelings of others."

"One born with an immense capacity for love, a lamentable lack of control and a good touch of vanity."

"One who loves to lure victims to the Heights of Happiness—and throw them over."

"One who desires flattery and admiration from the opposite sex and to gain that end ignores conventionality and sincerity."

"The offspring of vanity, which makes women ridiculous and men contemptible in the eyes of all rational people."

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"A thief who, to gratify vanity, robs sentiment of its feeling, friendship of its sincerity and love of its beauty."

"One who jangles life's sweetest melody and makes it out of tune."

"Girl who gets about and makes the boys all love her; when she's had her fling, makes a model mother."

"A creature without mind enough to reflect, heart enough to be constant, love enough to be true."

"One whose gratification is another's mortification."

"One whose desires to please, craves universal admiration, experiments in love and helps to educate men to marry other women."—*Ex.*

Digestive Orders in Phthisis.

J. R. Arneill, Denver, has been struck with the frequency of enteroptosis in tuberculous patients, especially those who are tall and slender. A great many tuberculous patients, he says, are duplicates of the ill-nourished, anemic, psychonurotic, dyspeptic, enteroptotic wrecks, except that there are in addition a few symptoms due to the diseased lung, such as fever, cough, and expectoration. The treatment most effective in one is often very useful in the other. It consists of fresh air, sometimes rest, attention to the nutrition and elimination, optimistic suggestion and isolation, modified isolation, or diversion and exercise. The chemistry of the stomach may be normal or may vary from day to day, but there is a general hypersensitiveness in which the gastric mucosa shares. There may also be diminished gastric motility. The treatment must be on broad lines, reaching the underlying causes of the trouble and improving nutrition. The nutrition of the patient is the chief thing in tuberculosis and it should include improvement in resistance and antibacterial power. Medication that interferes with appetite, elimination and assimilation must necessarily do harm, and digestive disturbances must be attended to and, if possible, prevented. In advanced tuberculosis there is generally diminished or absent hydrochloric acid and pepsin, with diminished motor power; in cases moderately advanced there is usually a tendency to hyperchlorhydria and in incipient cases the condition is generally about the same as in the average individual. The motor deficiency in advanced cases and in some incipient ones is an argument against giving frequent large meals in such cases. There are occasional dangers in forcing the feeding. Indigestion

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and autointoxication attacks are frequent and pathologic obesity may result. The hyperalimentation must stop short of these points. Bona fide opsonic therapy, Arneill thinks, is available for but a small percentage of consumptives, but tuberculin therapy—controlled by clinical standards and not by the tuberculo-opsonic index—is possible for a very large percentage and may prove a wonderful boon to the poor. Quoting Bruce, he says: "The successful treatment of tuberculosis chiefly depends on intelligent guidance of spontaneous resistance and recovery."—*Journal A. M. A.*

Poe Revised.

I asked the bird
  What it would say
In case it heard
  An oyster bay.
And from above my chamber door,
Quoth the raven: "Sagamore!"

Hyppocratic Oath.

I swear by Apollo, the physician; by Aesculapius, by Hygeia, by Panacea, and by all the gods and goddesses, that I will fulfill religiously, according to the best of my power and judgment, the solemn vow which I now make. I will honor as my father the master who taught me the art of medicine; his children I will consider as my brothers, and teach them my profession without fee or reward. I will admit to my lectures and discourses my own sons, my master's sons, and those pupils who have taken the medical oath, but no one else. I will prescribe such medicines as may be best suited to the cases of my patients, according to the best of my judgment; and no temptation shall ever induce me to administer poison. I will religiously maintain the purity of my character and the honor of my art. I will not perform the operation of lithotomy, but leave it to those to whose calling it belongs.

Into whatever house I enter, I will enter it with the sole view of relieving the sick, and conduct myself with propriety towards the women of the family. If, during my attendance, I happen to hear of anything that should not be revealed, I will keep it a profound secret. If I observe this oath, may I have success in this life, and may I obtain general esteem after it; if I break it, may the contrary be my lot.

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Women as Nurses at the Front.

J. Taburno, of St. Petersburg, in his *Truth About the War With Japan,* furnishes strong evidence that the place for women nurses in war is not at the front. His observations in the Russian army show that the presence of women nurses among the fighting men is decidedly objectionable from both a moral and a military standpoint. The Japanese had no women nurses in the field, as they took the ground that their presence would be detrimental to the service in the conditions existing in active field work. That the Japanese did not suffer by their exclusion of women from the zone of military activity seems to be proved conclusively by the statistics made public by Baron Ozawa, vice-president of the Red Cross Society of Japan, in an address before the International Red Cross Conference in London last month. As reported in the *Army and Navy Journal,* Baron Ozawa said that the Japanese ambulance corps dealt with 622,688 cases during the war between Russia and Japan, while the number aided in hostile camps and on hostile ships raised the total number of cases treated well above a million. This service was rendered at a cost of less than $2,500,000. One of the orators at the conference, General Priou, a French delegate, took quite the opposite ground, advocating an increased use of women as nurses. Admiral Rixey, of the United States Navy, has recently put forward a plea for trained women nurses in the Naval Hospital, but not, of course, on ship board. In our own army the woman nurse found lodgment during the war with Spain, though the results of the experiment were not altogether happy. On the whole, it would seem that, while women are useful as nurses at base hospitals, their presence in the field is apt to prove of doubtful advantage.—*N. Y. Med. Jour.*

Kill! Kill! Kill!

This word is on every tongue from the time the big-game season opens in the Far West until it closes, two months later. Every man's hand seems to be against the wild things of the mountains—the harmless wild things which lend to the forest half its charm.

If it were the aim of the people to exterminate the deer, elk, and mountain sheep, they could not kill with more avidity. The question of skill does not enter into it. If an elk is close enough to singe his hair with the powder, no matter, kill him! If the pack horses are already loaded to the limit, if not a pound of the

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meat is to be touched, if the head is worthless as a trophy and the horns valueless, no matter, kill just the same. The law permits each person his two elk, so take the limit!

If an animal is crippled, do not bother to trail him—let him go; the wolves will pull him down eventually, or he will fall and starve—that elk with the shattered shoulder or the deer with the dragging hind leg. And that band of mountain sheep! Get them on a ledge or in a cul-de-sac and shoot them down, ewes and lambs alike. Exterminate them! The law allows you a sheep each, and there are a half dozen in your party. The game wardens are not difficult to dodge, and if you do not get these sheep, some other fellow will. What difference to you if, when the shooting season is closed, the mountains are strewn with the carcasses of elk from which only the heads or horns have been taken, while hundreds of pounds of meat decay on the side hills, and the line of elk that treks to the south of Jackson's Hole is shorter than it was last year, and far, far shorter than it was the year before? What does it matter to you if, a comparatively few years hence, the elk tracks and the print of the deer's pointed hoof are gone forever, if the forests are depleted and silent and a pair of antlers has become a curiosity? You have had your sport.

And this is the way in which nine-tenths of the people reason who hunt in the big-game season.

The real sportsman is not a menace to the game; he is its best friend, its protector. He is as jealous of it as though it were his own property, and he has a clearly defined code of honor in regard to the killing of it. But real sportsmen are rare in the big-game country.—*Caroline Lockhart in Lippincott's.*

The Status of the Child.

J. R. Snyder, Birmingham, Ala., in his chairman's address before the Section on Diseases of Children at the recent session of the American Medical Association, holds that certain changes in our ways of living are called for by the degenerative tendencies now existing. The disinclination to maternity in certain classes, is, he thinks, threatening the national welfare. In our efforts to check infant mortality we do not start far enough back—we should educate the potential mothers. Divorce and excessive luxury are also evils to the fought and ones that directly affect to its disadvantage the growing child. The menacing member of society does

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not always come from the ranks of the poor in this country, the bad citizen is sometimes made from the pampered child of wealth. Thoughtlessness in the care of the child is not restricted to any one class, and Snyder illustrates this by mentioning certain demoralizing associations to which precocious children are subjected in certain occupations in which they are permitted to engage by their parents, and certain bad habits they are allowed to acquire. This is apart from the child-labor evil in factories. He also mentions the evils of much of the current news literature to which the children, as well as the older members of society, are exposed. He speaks hopefully, however, of the efforts of reformers and philanthropists at present and appeals to the medical profession to work for the same ends in their dealings with the parents of the future citizens of the republic.—*Journal A. M. A.*

Castor Oil.

It is older than the pyramids and has physicked its millions. It is as good today as it ever was. Many chronic and stubborn maladies have been cured by giving castor oil persistently. Hardened and impacted feces are melted away if oil is taken sufficiently long. Many cases of headache of long standing have been cured by a course of oil. How to make it palatable is the problem. For adults a tablespoon of whisky poured in a dry glass with the oil on top is the one method that perhaps excels all others. It is the manner of administering it in hospitals. For children equal parts of castor oil and glycerine, with a drop or two of pepermint or cinnamon makes a very good disguised mixture.

Some Plain Truths About Syphilis.

L. Duncan Bulkley, of New York, brings forward some plain truths about syphilis. It is much more common than is generally known, about 12 per cent of all skin diseases resulting from it. It is not necessarily a venereal disease, especially among women. In about 50 per cent of married women it comes from the husband. In its earlier stages it is very contagious, and in neglected cases contagion exists for many years. It has been ignored through ignorance and neglected through negligence. It is a really serious affection, that may attack the most vital organs and effect the progeny of the race. Although a rebellious disease when untreated,

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if properly managed it is quite tractable—when treated for a sufficient length of time. The importance is not sufficiently realized by the laity and the profession of preventing and curing the disease. Alcohol is harmful, even when moderately used. Tobacco increases the liability to mucous lesions about the mouth. Mercury is the one and only specific remedy. Iodide of potassium is only an adjuvant in the later stages. The patient must be treated as well as the disease. The mineral spring treatment is of very little value.—*Medical Record.*

The Summer Exodus.

Close the shutters, pull the shades
Lest the parlor paper fades,
And of windows be not lax,
Stuff newspaper in the cracks,
Darken all the cool, light house,
Make all quiet as a mouse,
For we leave its comfort true,
In hotels to fret and stew.

Lay aside kimonos cool
Which at home are comfort's rule,
Hang in closets old, thin coats,
In which coolness fairly gloats;
Pack the clothes wherein we sup
Heated sorrow, all "dressed up,"
For we now must "go away";
Here in town we dare not stay.

But when cooped up in a room
Where close quarters make us fume,
Or attired in clothes so new
We are careful what we do,
How we long for that back porch,
Cooling off from Old Sol's scorch,
All its lounging freedom, dressed
As we like, in lazy rest—
How we wonder why we roam,
When the coolest spot is home.

—*Baltimore American.*

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Some Aspects of Sterility and Its Treatment.

A. J. Ronginsky, of New York, believes that in sterility the male plays an important part. It may result from masturbation, excessive coition, want of sexual affinity, mental fatigue, congenitally small penis, or varicocele; finally it is necessary to examine several specimens of semen and ascertain that the spermatozoa are absolutely normal. In the woman there may be general muscular relaxation, lack of function on account of age, or excess of sexual excitability. Of organic changes we may enumerate almost all the gynecological troubles. The principal are congenital lack of development of some part of the genital tract, leucorrhea, stenosis and gonorrheal tube affections. The author discards infantile uterus as a cause. Appropriate remedies are suggested for each of these conditions. In conclusion, he exhorts the physician to educate the public to the knowledge of the baneful effects of gonorrhea on the fertility of the sexual organs.—*Medical Record.*

Enuresis Among Children.

Arture Cavalieri classifies enuresis of children, according to the cause, into four divisions, excluding all cases resulting from general, spinal or brain diseases. The condition is essentially a neurosis, and hereditary nervous conditions are often to be found as remote causes. According to some, the cause is a hypaplasia of the central nervous system. The immediate cause is a hyperexcitability of the detrusor vesicæ, with relaxation of the sphincter of the urethra, or a lack of development of the prostate and failure of the bladder orifice to close. The therapeutic measures must depend on the one of these conditions that exists. General hygenic and dietetic measures are appropriate in all conditions. For hyperexcitability of the detrusor, belladonna in increasing doses at night, valerian and warm baths are the best remedies. For deficiency of the sphincter, strychnine and faradization are useful. For reflex enuresis, the removal of the cause is all that is needed. In deficient closure of the bladder, with other deformities, massage and systematic dilatation of the urethra are useful. The most brilliant modern method of treatment is that of Cathelin, the injection of physiological salt solution into the spinal canal, entering the needle in the hiatus sacralis. The effect is supposed to be due to stimulation of the nerve roots.—*Rivista de Clinica Pediatrica.*

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Sterility Among X-Ray Workers.

A. C. Jordan referres to this untoward result of x-ray work upon operators. He has not found any data bearing on possible recovery from sterility thus produced. If it is recognized while there are still immobile spermatozoa, it would appear possible that two or three years of complete abstinence from x-ray work might result in some degree of recovery. After some remarks on protective devices used by others, he suggests as sufficient the following protective measures: The tube box should be made entirely of wood, and should be completely lined on the outside with an efficient protective rubber material with the exception of an aperture at the top which is controlled by an adjustable diaphragm. A view of the tube may be obtained through a small lead-glass window covered with a flap of a protective material. The operator should always wear a protective apron reaching from the shoulders to below the knees, and, as these two means are not sufficient, he should also have an upright rectangular wooden screen, three feet three inches in height and two feet in width, lined on both faces with three-pound sheet lead, and should place it close to the couch between himself and the tube box. A larger screen (say four feet square) should be supplied for use while x-ray treatment is in progress. The screens may be mounted on castors. Screens of the sort described are not in the operator's way to an uncomfortable extent. For treatment the tube should always be completely enclosed. Eventually, the author believes, sheet metal shields and tube boxes will be available, but this can not well be before static machines have been so far improved and developed as to be used in place of induction coils, as has been done with great success.—*British Medical Journal.*

The Maine Sanatorium.

The Maine Sanatorium for Consumptives, at Hebron, which has been in operation only a year or two, shows most gratifying results. It is well equipped, has 320 acres of land and accommodations for the treatment of fifty-five patients.

The report of the medical director, on the results of the treatment of 100 patients, gives five, only, as strictly incipient cases, all of which were discharged as recovered. Of the seventy moderately advanced cases, in 50 per cent the disease was arrested

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(apparently cured), another 34 per cent were much improved, and 10 per cent more were improved. The average gain in weight of eighty-two of these patients was twenty pounds and fifteen ounces. The tubercle bacillus was found in 98 of the 100 patients, thus proving, conclusively, the diagnosis.

The State of Maine is to be congratulated upon having so valuable and successful an institution.—*Sanitary Bulletin.*

Inoperable Sarcoma Successfully Treated With the Mixed Toxins of Erysipelas and Bacillus Prodigiosus.

William B. Coley, of New York, makes a report of forty-two cases treated by himself for inoperable sarcoma with mixed toxins of erysipelas and bacillus prodigiosus, with 26 patients remaining well after a lapse of from three to fourteen years since the treatment. The author at first used the germs of erysipelas alone, but later found that the combination of the two germs had a better effect, as well as less danger, than the single germ. Later he used only sterilized cultures containing both the toxins and the bodies of the bacteria, since this mixture produced a much more decided effect than weaker ones. The curative action is brought about by increased leucocytosis and coagulation necrosis. The treatment should begin with not more than one-quarter minimum diluted with boiled water. If the tumor is highly vascular, begin outside the tumor. When given in the tumor increase the dose by one-quarter minim, and by one-half minim if remote from the tumor, until desired reaction is obtained. The tumor soon becomes smaller, more movable and less vascular. Its action is both local and systemic, and the systemic effect alone may be used successfully in cases that are inaccessible. The author finds about one hundred successes by other physicians by this method. It may be used as a prophylactic against recurrence after operation. A new field is in the injection of cases in which the amputation of a long bone appears necessary, and by its use the amputation may be avoided. The author gives a detailed description of twelve of his successful cases.—*Medical Record.*

BEFORE performing a tonsillectomy or before removing adenoids, be sure to examine the heart. If there is a severe cardiac condition the patient is liable to bleed to death.—*American Journal of Surgery.*

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The Menace of Reform.

When the plaints of the reformers bring about the childless flat,
When the women of the future deign to wear the birdless hat,
When the magazines, muck-rakeless, tell about the germless beef,
When the Fourth is wholly crackerless and the split ears get relief;
When we get the graftless city and the smell-less gasoline,
With the passless politician and the deathless red machine,
Will the wordless joy that fills us beyond all tongue or pen,
Or will quite contentless nature make us yearn to kick again?

When the quitless kitchen lady lets us into her domain
Without giving two days' notice as she bids us to refrain;
When the errorless stenographer gets all our letters right,
And we get microbeless milk and cream at morning and at night;
When the strapless car goes by us and with much precision waits
On the dirtless, mudless crossing while they open up the gates.
Will the fretless world be happy or will restless nature shout
For some old-time fret or worry just to rave and kick about?

When the frownless wife or mother takes her spotless washing down
And looks grieflessly about her on a smokeless, spotless town;
When they make the dumb piano and the noiseless phonograph,
And the world goes romping, worryless, with many a merry laugh;
When the boyless neighbor fills us with the rapture of delight,
When the songless cat goes noiseless through the stillness of the night;
Will we really be as happy as we were in days of old
When we knew the doleful pleasure of a good, old-fashioned scold?

When the quite mistakeless umpire with his sure and moteless eye,
Calls with errorless precision every ball that passes by;
When some human benefactor makes a smokeless cigarette
And our woolens shall be shrinkless in the dampest kind of wet;
When mosquitoes shall be stingless and we have the buzless fly,
When the colicless young baby has a purely soundless cry.
Will we cherish all these blessings or will humankind be hurled
Into sadness by the humdrum of an uncomplaining world?

—*J. W. Foley in New York Times.*

Apomorphine in Acute Alcoholism.

Chas. A. Rosenwasser, of Newark, N. J., speaks highly of the value of apomorphine as a sedative and hypnotic in cases of acute

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alcoholism. It occurs in two forms, the amorphous and the crystalline, of which the latter is preferable. The usual dosage is from 1-30 to 1-10 grain hypodermically. A very few minutes after administering an emetic dose by hypodermic injection, vomiting occurs, due to the action of the drug upon the vomiting center in the medulla. Just before vomiting the pulse is weakened and increased in frequency, and after vomiting ceases it becomes stronger and slower, often stronger and slower than it was before the injection was given. Vomiting is preceded by salivation and slight nausea. It may occur only once, or be repeated several times. Very soon after the vomiting subsides, a matter of a few minutes in most cases, the patient falls into an apparently natural sleep, and may sleep from two to eight hours, awakening refreshed, sober, and rational in most cases. It is not necessary, however, to give the emetic dose in order to obtain the hypnotic effect, and in many cases 1-30 grain will induce sleep.—*Medical Record.*

Told on the Druggist.

A druggist way out in Monepa
Said, "I'm going to make tinctures cheaper."
  Now he's blaming his fall
  Upon wood alcohol,
While he "bums" cigarettes from the keeper.

A druggist sold morphine and "coke,"
And whisky to every old soak.
  When the court gave him ten
  Long years in the "pen"
He found that the law was no joke.

At putting in soda a "stick"
A druggist in New York was slick;
  But he lived to repent,
  For the magistrate sent
Him back of the bars double-quick.

A druggist in Kansas sold wine,
And one day he was "stung" for a fine
  By the old village squire;
  So he told the next buyer:
"It's naught but peruna for thine."

—*Druggist Circular.*

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Medical Economics.

At the twelfth session of the Ashland County Medical Society, held at Ashland, O., July 2, an able address was made by Dr. Ben R. McClellan, President of the Ohio State Medical Association. The address bristles with good and telling points. It ought to have a larger dissemination than would be possible at a county. medical gathering. Part of it is herewith reproduced:

"The physician is, as a rule, very much underpaid, and the profession is responsible for this condition. He must have means or he becomes a menace to society. The poverty-stricken physician is not able to buy medicine, books or literature. He spends the best years of his life in the endeavor to follow the light as he sees it, and when he finally passes away, as he usually does, at an early age, through exposure and unseasonable hours, he rarely has enough to decently bury him and leaves nothing for the support and care of his family. The people are willing to pay a reasonable medical fee, but they want the physician on his part to use every endeavor to keep abreast of the advance that is being made.

"It is an unpleasant fact that many of the brainiest and best young men are drifting away from the profession of medicine because the remuneration is not sufficient to warrant their labors. This is a fact to be deplored. The profession is not overcrowded with good men, and we should feel that there is something higher in life than mere dollars and cents, and our profession appeals to them as no other can. Strange as it may seem, we are working continually in the way of preventive medicine. This practically means 'taking money out of the physician's pocket,' a fact which the general public can not understand. Not only to cure disease but to prevent it is the physician's aim, and the public should know these facts: (a) What we are doing in the way of suggestion in sanitation; (b) and against the patent medicine evil. This latter may seem a mercenary view, but the fact is, the more patent medicine used the more need there is for a physician. Cough syrups, teething lotions and soothing syrups stunt the growth of infants and fit them for chronic invalidism. Tonics and nerve sedatives fasten the liquor and morphine habit on the older people.

"In politics the physician should interest himself to see that good men are elected, men who would be willing to pass good laws for the protection of the people. France has seen fit to honor eminent men in our profession for the highest office in its gift, and they have proven themselves well fitted for such trust. We hope soon to have a law whereby there will be a sanitary commissioner

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elected or appointed in every county, who will have charge of all matters pertaining to the health of such county, and finally let every one of our members be faithful to his county society, and, thereby, he will be better serving his profession, the community and himself."—*Lancet-Clinic.*

List of Questions Compiled by Mr. George Ade to Test a Medical Man's Fitness to Serve as Interne in a Hospital Under the Civil Service Law.

1. In disabling an enemy of good government at a primary election which blow is preferable, one on the inferior maxillary or one in the solar plexus?

2. Before pulling a leg, is it necessary to administer an anesthetic?

3. What is a joint Give the location of the hop joint.

4. Which is the more nourishing food for convalescents, weiss beer or mixed ale?

5. If you were to find a gentleman of respectable appearance, with money and jewelry, lying unconscious in the street, and there happened to be no one at hand to assist you, what would be the first thing to do?

6. According to the laws of hygiene, what is the correct poultice for a Frankfurter sausage—mustard or horseradish?

7. In dressing up an easy mark is it advisable to use splints?

8. What is the best brand of knock-out drops, and how should they be administered?

9. (a) What has been your experience in the use of instruments? (b) Which is more highly indorsed by modern practice, a razor or the knucks?

10. In which school of medicine did you receive your early training, the Republican or the Democratic?

11. Describe the following parts of the human system: the coco; the lamps; the listeners; the beak; the slats; the mit.

12. Is St. Louis beer an antiseptic?

13. Would you exert yourself to save a man's life if you knew that as soon as he recovered he would go out and vote against the party of good government? Why not?

14. Are you in favor of an eight-hour day for typhoid patients?

15. Have you studied anatomy? If so, what is Robert J. Fitzsimmons' chest measurement? Also, describe the present state of Kid McCoy's knuckles.

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16. Give the chemical name of the following compound, towit:

Ice
Simple syrup
Angustora bitters
One jigger of booze
Ditto of Vermouth
One Cherry

17. In nursing is it advisable to have both of the object balls against the cushion?

18. While working and shaking down a candidate for the purpose of compelling him to cough up, do you favor plain massage or the Swedish movement?

19. Give three reasons why the hospital should be closed on election day.

20. Which brings an eye around sooner, a raw oyster or a piece of steak? Have you ever tried painting?

21. What is the meaning of the surgical expression, "to shoot hot air into his nobs?"

22. (a) Name three kinds of medicine. (b) Should water be taken afterward?

23. (a) Can a patient who has died during the preceding summer register and vote at a spring election? (b) Explain how.

24. State who, at post-mortem examinations, is entitled to the gold in the teeth.—*Medical Standard.*

Mary Jane's Reason.

One Monday morning some time ago two colored women happened to be sitting next each other in a U Street car, when one of them turned in surprise and looking her companion up and down, said:

"Law! Ma'y Jane, is dat you? What in de name er gracious is you all dressed up so fine fur dis soon in de mornin' "

"I's gwine ter co't," she proudly replied.

"Gwine ter co't? Is you been en got inter a fight?"

"No, indeed. I don' neber git in no 'sputes en quar'ls."

"Den is you been cotch' takin' anything?"

"Me cotch' takin' anythin'! No, indeed. I don' neber lay my han's on nothin' don' b'long ter me."

"Den what you gwine ter co't fer?"

"I's gwine ter git a divo'ce fum Jim."

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"Git a divo'ce fum Jim! Why, what is Jim done? Is he beat you?"

"Jim beat me! No, indeed! Dat he ain't. Jim ain't neber spuck a cross word ter me in his whole life."

"Den don't he s'po't you?"

"Jim s'po't me! I reckon Jim do. He come home de minute he gits his wagins en lays 'em ret in my lap. S'po't me! Why, 'Liza, Jim would tek his shirt off'n his back ter gib ter me."

"Den in de name er goodness, Ma'y Jane, what is you gwine git a divo'ce fum Jim fer?"

"Well, 'Liza, I tell you de trufe—I jes' natcherly los' my tas'e fer Jim."—*September Lippincott's.*

A MAN returned late to his room in a hotel and kicked off one shoe, which flew with a clatter to the other end of the room. Then, remembering that the man in the next room was a nervous fellow and a very light sleeper, he divested himself of the rest of his clothes as quietly as possible and got into bed. Three hours later he was awakened by a voice at his door.

"For goodness' sake," said the voice, which he recognized as that of his nervous neighbor, "when are you going to kick off the other shoe? I have been lying awake for three hours waiting for it."—*Simplicissimus.*

Sapphics.

Lady, you are one who reads the daily papers,
Never could I hope to woo you and win you
By the kind of poem generally doped out
By Robert Herrick.

No, for you are jerry to all the new expressions;
No, for you are hep to all the verbial phonics—
If I should spring the other sort, I guess you'd
Give me the office.

Lady, I would not seem to be a mollycoddle,
But, if you must know, I've got an awful brainstorm
Down in the depths of my exaggerated ego
And you're the reason.

I have got Dementia Americana
All on your account—and no reactionary.
Where do I stand? O lady, lady, please don't
Pass me the grapefruit! —*Puck.*

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Styes.

Styes occur at all ages, but they are more common in children and young adults, and often appear in crops. As a rule, the patient is out of health, and suffers from constipation, acne spots, or errors of refraction, such as hypermetropia or hypermetropic astigmatism. Until suppuration actually occurs, hot boric acid fomentations should be used, and the patient should be purged. When suppuration has occurred, the eyelash, which is usually in the center of the yellow area where the pus is pointing, should be pulled out, and then, if necessary, the swelling should be incised, and again hot boric acid fomentations applied. Syrupus ferri phosphatic, in drachm doses, should be given twice or three times daily after food. Calcium sulphide, in doses varying from $\frac{1}{8}$ to $\frac{1}{2}$ a grain for an adult, given twice daily, has been recommended in cases of recurrent styes. When the more acute inflammatory symptoms have disappeared, the following ointment may be prescribed:

℞ Ungeunti hydrargyri oxidi flavi.....pt. j
Petrolati . . ..pt.ij
Ft. ung.

A small piece of the ointment to be applied to the margins of the eyelids with a fine camel hair brush night and morning. All errors of refraction must be corrected by the use of appropriate glasses. A generous diet, plenty of open air exercice, and, if possible, a change of air are also indicated.—*The Practitioner.*

Pyrexia in Tuberculosis.

Henry P. Loomis, of New York, considers the thermometer as an important aid in diagnosis in obscure tuberculous cases, and a help in estimating the character and activity of the tubercular process. He advocates teaching the patient to take his own temperature every four hours and record it for the benefit of the physician. Fever is dependent on two causes, absorption of proteins of tubercle bacilli and of toxins from secondary bacteria. By means of temperature range we may suspect tuberculosis when there are not other symptoms and no physical signs. Absence of temperature does not indicate absence of tuberculosis. In presence of an active disease the temperature never reaches normal at any time in the twenty-four hours. The higher the day temperature the more active the disease. In forming a prognosis from the temperature we must be guided by the effect of rest on the fever. In pulmonary hemorrhage if the fever is slight the hemorrhage is un-

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important. High temperature with a rise of two or three degrees at night indicates acute miliary deposit. Irregular temperature between 100° and 101° indicates a slow and inactive deposit. Temperature about normal, not rising above 101° at night indicates a very slow advance. Day temperature not above 99.5° indicates quiescence. The treatment of pyrexia consists of rest in bed, both mental and physical in the open air; liquid food and alcohol in an agreeable form; tepid spongings with equal parts of alcohol and water, and when these fail, antipyretic drugs.—*Medical Record.*

Slow Fever.

Under the title of "Slow Fever," H. F. Harris, Atlanta, Ga., describes a type of fever met in the swampy regions of Southern Georgia. He defines it as "A continued fever occurring almost exclusively during the warm months and lasting from one to ten weeks," and gives the following synonyms: Typho-malarial fever; simple continued fever; remittent malaria fever; Willacoochee fever; continued fever, bilious fever; typhoid fever. In regard to the etiology he states that typhoid and paratyphoid bacilli were demonstrated in 73.3 per cent of all cases investigated; of these the typhoid organism was found in 51.1 per cent, the paratyphoid in 20 per cent, and a mixed infection in 2.2 per cent of the cases. He discusses the various methods of differentiation of the bacilli. He summarizes the histories of several cases and gives the blood findings: "Stained preparations of the blood by the Romanowski method were made in every instance, and not in a single case was the malarial parasite found. In 18 instances the hemoglobin was estimated; the figures ranged from 60 to 100 per cent; the amount of hemoglobin was not entirely dependent on the stage of the disease, as it was found to be very low in several cases during the first week of the disease. In only 1 case were the leukocytes counted, the number being 7800 to the cubic millimeter. The average of differential counts in 11 cases is as follows: Small lymphocytes, 17.7 per cent; large lymphocytes, 9.4 per cent; polymorphonuclear, 71.6 per cent; eosinophiles, 1.3 per cent. Agglutination tests were positive in only 12 cases. The prognosis in this disease, he says, is generally conceded to be better than in typhoid, and he believes that there can be no reasonable doubt that this assumption is correct. In fact, in a large measure, furnishes the basis for the commonly-expressed opinion among Southern physicians that "slow

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fever" is a distinct and separate disease. The mortality in his series of cases is certainly lower than is usually observed in typhoid fever, but, of course, from such a small number of instances of the disease no general conclusions could be drawn. He states that he has had no great experience in the treatment of this disease, but thinks that everything warrants the opinion that it should be treated like typhoid. Many physicians employ large doses of quinine throughout the course of the disease, with the belief that its course is thereby shortened.—*Journal A. M. A.*

A Boy's Mother.

My mother, she's so good to me;
If I was as good as I could be,
I couldn't be as good. No, sir,
Can't any boy be as good as her.

She loves me when I'm glad or mad;
She loves me when I'm good or bad;
Ah, what's the funniest, she says
She loves me when she punishes.

I don't like her to punish me;
That don't hurt, but it hurts to see
Her crying, 'nen I cry; an' 'nen
We both cry—and be good again.

She loves me when she cuts and sews
My little cloak and Sunday clothes;
An', when my papa comes home to tea,
She loves him most as much as me.

She laughs and tells him all I said,
An' grabs me an' pats my head;
An' I hug her an' hug my pa,
And love him purt' nigh as much as ma.

—*James Whitcomb Riley.*

Books and Magazines.

Dr. Osler has written a new work on Modern Medicine. It will be published by the enterprising publishing firm of Lea Brothers & Company. There are to be seven volumes covering

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the whole field of medicine. The various articles will be written by authorities in America and in Europe. The work promises to be one of the best ever written on medicine.

THE PRINCIPLES AND PRACTICE OF DERMATOLOGY.—Designed for Students and Practitioners. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; Dermatologist to St. Luke's and Cook County Hospital, Chicago; member of the American Dermatological Association. With one colored plate and 367 text illustrations. D. Appleton & Co., New York and London.

This work of little more than a thousand pages by Dr. W. A. Pusey is a practical one and gives us a strictly up-to-date text-book upon the subject. The author lays much stress upon the anatomy, physiology, pathology of the skin, and rightly so, because a thorough understanding of the minute anatomy of the skin is certainly of great value in the proper understanding of any skin disease. He deals in general terms, first taking up symptomatology and treatments in general, and then later deals minutely with the various lesions of the skin. This work is a valuable contribution to the literature on the subject, and is worthy a place in everyone's library.

PRACTICAL DERMATOLOGY—A CONDENSED MANUAL OF DISEASES OF THE SKIN.—Designed for the Use of Students and Practitioners of Medicine. By Bernard Wolff, M. D., Clinical Professor of Diseases of the Skin in the Atlanta College of Physicians and Surgeons; Editor of the *Atlanta Journal-Record of Medicine;* ex-President of the Atlanta (Fulton County) Society of Medicine; ex-Secretary of the Georgia State Commission on Tuberculosis, etc. Illustrated. Chicago, Ill. Cleveland Press, 1906.

This work certainly fulfills the assertions made in its preface, wherein it says that its purpose is to present in miniature the salient features of diseases of the skin.

The work is certainly practical, a splendid size for convenient use, well indexed, and the illustrations are especially good for a publication of its size. It contains rather the practical and salient points of such great value to the general practitioner, who not only requires a speaking acquaintance with skin diseases, for the purpose of making diagnoses, but often must treat these cases. The

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practical formulæ appended and used throughout the work are of much value.

We can not help but mention the splendid paper and good type used in this volume, and the Cleveland Press deserves the thanks of the profession in its workmanship.

The work is worthy a place in every physician's library, and its modest price makes it in the reach of all.

DISEASES OF THE RECTUM—THEIR CONSEQUENCES AND NON-SURGICAL TREATMENT. W. C. Brinkerhoff, M. D., Author, Steinway Hall, Chicago, Ill. Orban Publishing Company, Chicago, Ill., 1907. Price, $2.

The NEWS acknowledges receipt of this little volume, which is intended to advocate the "Brinkerhoff Injection Treatment." The first portion of the book is given to a narration of a large number of cases of hemorrhoids, treated successfully by this method, followed by a discussion of the method and its advantages, as seen by the author. Then follows a discussion of the Andrews Report vs. the Injection Method, and a reference to other conditions, as intestinal feeding and medication, appendicitis, constipation, polypi growths of the rectum, diagnostic errors, etc., and finale of a discussion of legal limitations of medical practice, wherein the author protests against the present system.

TUBERCULOSIS AS A DISEASE OF THE MASSES AND HOW TO COMBAT IT.—Prize Essay, Berlin, 1899. By S. A. Knopf, M. D., New York. Published by Fred Flori, 514 East Eighty-second Street, New York. Price, single copy, paper, 25 cents. Single copy, cloth, 50 cents. Sent, postpaid, on receipt of stamps. To boards of health, societies, dealers, etc., in quantities, express prepaid, from 10 to 50 copies, paper, 20 cents each. Above 50 copies, paper, 15 cents each. Cloth, in quantities, 35 cents each.

This little work is a pioneer in the great crusade against the great white plague, and should be in the hands of everyone. Its perusal will be the means of the education of the masses and the prevention of the disease. The great reputation of its author requires no reference from us, as he stands one of the greatest workers in the field today, waging war against the attacks of tuberculosis. Dr. Knopf has delivered lectures from the platform all over this country, educating the masses to a full realization of the dangers of the disease and the methods to prevent it and the plans best adapted for its management and eradication. We urge

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the perusal of this work by not only the medical profession but everyone.

Publisher's Notes.

NEW ORLEANS POLYCLINIC.—Post-Graduate Medical Department Tulane University of Louisiana.—Twenty first annual session opens November 4, 1907, and closes May 23, 1908. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information, address New Orleans Polyclinic, Postoffice Box 797, New Orleans, Louisiana.

ALETRIS CORDIAL RIO is an efficient uterine tonic and restorative, and is a preparation for which nothing can be substituted.

BAY STATE DISPENSARY,
BOSTON, MASS., June 19, 1907.

Parmele Pharmacal Company, New York.

GENTLEMEN: Some time ago we received a supply of Mercauro and Arsenauro. This supply has been used by our medical staff with great satisfaction. We found them to be valuable in syphilis and in obstinate skin troubles. In all of the cases the patients rapidly improved. There was one case in particular, a large syphilitic ulcer of the leg, which had for a long time baffled all treatment. By the use of Mercauro it was completely healed. We have had a number of cases of very obstinate eczema which have improved very rapidly under the administration of Arsenauro; in fact, in all of the cases where we have used Arsenauro and Mercauro we have had good results.

Please duplicate last supply in order that we may continue in our work.

Yours truly,
W. WRIGHT, M. D.,
Superintendent.

CHINOSOL, the very remarkable antiseptic, germicide, disinfectant and deodorizer is now introduced to the medical profession of America after having established its value in the minds of many of the leading medical men of Germany.

It is indorsed by Imperial Board of Health of Germany, Royal Scientific Commission for Therapeutics of Prussia, Hygienic Institute of the University of Munich, etc., etc. It surely is a remarkable advance in chemistry.

Chinosol can in reasonable doses be administered internally with-

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out harm, and when administered externally it is positively without danger. In destroying the bacteria of pus Chinosol has been shown to be five times as efficient as corrosive sublimate, 100 times as effective as lysol and 100 times as active as carbolic acid. In the germs of typhoid and diphtheria Chinosol produced results not obtainable with carbolic acid or lysol or corrosive sublimate.

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The day for nauseating combinations of drugs has passed, this state being brought about by the ability of chemists to present an efficient yet palatable product. All things being equal, that combination which is pleasing to the taste will meet with much more favor at the hands of physicians than another of equal potency but less palatable.

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method is simple, easily used, requires less assistants in surgical operations, is acceptable to the patient, is remarkably free from danger; is devoid of after effects to a greater extent than inhalation anesthesia, is recovered from promptly and can be adjusted to nearly all patients. Its most marked influence is in the slowing of the respiration, which is apt to alarm those who have not proven that no harm results, the respiration being that of deep sleep. The use of hyoscine instead of scopolamine is a great improvement on the original method, and the introduction of this substance, by Dr. Abbott, and of cactus in the form of cactin in the compound, hyoscine, morphine and cactin comp. (H. M. C. Abbott) has added a safeguard which is invaluable, and which in time will be fully appreciated. Abbott has the confidence of the profession because he makes good. On his presentation it was promptly tried and another success is scored.

Additional Laboratories of the H. K. Mulford Company.

The H. K. Mulford Company have recently added to their laboratory facilities by purchasing the above property at Eleventh and Catharine Streets, Philadelphia.

Here will be stored the crude drugs, the grinding and milling departments, and the manufacturing of fluid, solid and powdered extracts, tinctures, synthetic products, etc.

These additional buildings will enable the firm to greatly increase their manufacturing facilities in the Thirteenth Street laboratories, provide additional shipping facilities and increase the scope of their research and standardization laboratories.

The biological laboratories at Glenolden are used for the preparation of antitoxins, curative sera and vaccines. The physiological laboratory for testing drugs on animals is also located at Glenolden.

The recent National and State legislation requires the observance of the standards of the U. S. Pharmacopeia and National Formulary. As the expense of standardization work on a small scale is almost prohibitive, druggists generally are dependent upon the large manufacturing houses provided with scientific departments and facilities for assaying and testing drugs.

Realizing the importance of adopting standards for the character, quality and strength of medicinal drugs, chemicals and preparations of the same, the H. K. Mulford Company provided facilities for standardization work early in its history. Their foresight is now being amply rewarded by the increased demand for their products.

As the demand for the Mulford products is entirely due to the requirements of the medical and pharmaceutical professions, the fact that they are obliged to greatly increase their facilities at this time is the best evidence of the confidence reposed in the house.

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Tuberculosis.*

BY S. C. BROADSTREET, MT. PLEASANT, TEXAS.

Tuberculosis is an infectious disease, caused by the invasion of the tubercle bacillus. The organ most frequently attacked is the lungs, but the pleura, peritoneum, the meninges, the intestinal tract and the bones are all common seats of the disease. Pulmonary tuberculosis has been known from the earliest time. Some authorities claim one-seventh of mankind die from tuberculosis.

AGE AND SEX.

No age is exempt from the ravages of this disease. In young children the bones, glands and the alimentary canal are chiefly attacked, while in the adult pulmonary tuberculosis is much more frequent. Tuberculosis flourishes in every country and in every clime. It is, however, less frequent where the population is scat-

*Read before the Titus County Medical Society.

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tered, and leads an open-air life. More frequent where overcrowding in large cities is common. Perhaps damp and variable climates are more favorable to the disease than bright and dry ones, but it would seem that aggregation together with the population is a factor of greater importance in determining the incidence of the disease than the exact nature of the climate. That high altitude may possess some antagonistic influence is not to be doubted, but the extent of the rôle played by it has probably been exaggerated. I shall say nothing about the microscopical aspect of the disease, as it is in a great measure abused. There is no doubt but that the microscope has its place as a diagnostic method, but is it not abused? The patient is often told that his or her lungs are all right, because the microscope shows no tubercle bacilli; just some streptococci and some staphylococci. At the end of two or three months another sputa analysis is made, and again pyogenic-cocci are demonstrated, but no tubercle bacilli. Even after a period of several months no tubercles are found, but the pyogenic-cocci are still present, and we attribute all the irritation to the presence of these. Recognizing the fact that the healthy epithelial cells wherever found are endowed with the repellant chemotaxis, it is impossible for micro-organisms to increase in number and virulency while in contact with these cells, so bacteria aspirated into the alveolar spaces of the lungs fail to find suitable environments for their growth, and rapidly disappear from the sputa.

Now if there is a tubercular infection that has been made possible by some condition or circumstances, so lowering cell activity that a local minor resistance exists, an atrium has made bacterial invasion possible. Then with a so-called sub-acute tubercular inflammation with the accompanying edema, and coagulated exudate, a perfect culture media results; the pyogenic-cocci, finding every condition suitable for growth, increase with such rapidity that they soon attack and invade tissue made weak as result of saturation with tubercular toxines. Wherever there is an inflammatory condition present the exudate poured out in the tissue protect in two ways, first by stopping up lymphatic mouths with thrombi and second by fibrin agglutinating and sealing tissue and pressing together cells, the escape of bacteria and absorption of poison is prevented. All this time the patient has incipient tuberculosis. There is local consolidation and infiltration of round cells and fibro blast; the bacteria are slowly increasing in number. White blood cells drag off bacilli, but are soon poisoned and die, leaving the germ in a new area of tissue, where another infection results.

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The pyogenic-cocci getting in at this stage rapidly break down this already weakened tissue. We can easily see that until the pyogenic-cocci liquify this coagulated exudate around a tubercular mass that it is impossible for tubercle bacilli to appear in the sputa. So small cavity formation must precede the appearance of tubercle bacilli in the sputa. Then why wait and depend on the microscope, when by physical signs we know that lesion exists? Many of us wait to see the tubercle before beginning radical treatment, when we should recognize primary involvement long before cavity formation begins.

ETIOLOGY.

Prior to 1882 this disease was supposed to be hereditary, and little was known of its contagious character. In that year Koch revolutionized the accepted views of its etiology by demonstrating the tubercle bacillus. This bacillus is one of the most potent of the known infectious germs. Among the human race the disease is very easily contracted, and its the most widespread and fatal one to which man is heir. Longitude and latitude have but little influence upon its prevalence, but altitude seems to exert a more or less controlling influence upon the life of the germ. Foul air, overcrowding, lack of sunshine, dampness combined with low altitude, and unsanitary conditions generally are all potent factors in the propagation of the disease. Direct contagion from kissing is possible, and the inception of the germ may possibly occur through using the same eating and drinking utensils. Tubercular meat is in a great measure responsible for mesenteric and intestinal tuberculosis in children. Primary tuberculosis in a large majority of cases begins in the lungs, and it is assumed that such cases are due to the inhalation of the bacillus in dried sputum in the form of dust. The bacillus may also be transmitted by a tubercular coughing directly at the face of a healthy person. Heredity as a causal factor of pulmonary tuberculosis is to be noted only as a predisposing, physical deformity which may be inherited. This departure from the normal may be noted in a general lack of resisting power to disease, especially a proneness to attacks of bronchitis strumous conditions during childhood. Abnormal and narrow chests and a flat thorax and lack of expansion of the upper lobes of the lungs. One very significant indication of the predisposition to pulmonary tuberculosis is a constantly present tachycardia. Certain forms of anemia are also etiological factors in the inception of this disease; poor food and prolonged lactation; employment in certain trades, such as silk works and mines. Other imme-

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diately predisposing causes are pneumonia, influenza, bronchitis, pleurisy, scarlet fever and syphilis. One of the most common predisposing factors to the successful inroads of the tubercle bacilli in the lungs is a diseased condition of the upper air passages. Perhaps the most powerful of these is bad nasal ventilation, such as may be caused by adenoids, nasal spurs, etc., which induce the patient to breathe through the mouth. While the bacillus of Koch is a specific agent necessary for the development of pulmonary tuberculosis, one or more of the general and direct predisposing causes before named must have prepared a suitable soil for the bacillus to become inimical to the patient. The etiological factor of tuberculosis of the bacillus of Koch is a non-motile, parasitic, rod-shaped organism, having as one of its most characteristic features, which distinguishes it from all other bacteria known with the bacillus leprosy, which it closely resembles, the ability to retain the stain of alkali solutions of the aniline dyes after treatment with acids. This bacillus is found in all tubercular lesions and shows a marked tendency to arrange itself in V-shaped pairs. It is frequently bent or slightly curved, and presents, when stained, small, round, or oval, clear, bright spaces, three, four or five to each bacillus, which failing to take the stain give it the appearance of the streptococcus. It fulfills Koch's circuit; it is found in this and in no other disease. It may be cultivated outside of the body, and may produce, when inoculations are made from these cultures, the original disease in the lesion of which is found the bacillus. The circuit can be indefinitely prolonged and the inoculation carried on through a series of animals, always resulting in the production of tuberculosis. Number of bacilli in any specimen of sputum means little; it is common to see in incipient cases the microscopical field crowded, and these very cases fail to show at the time or in their subsequent history, either clinically, or by physical examination, any evidence of an active process.

PATHOLOGY.

Scattered throughout an infected area are formed small non-vascular cellular masses, tubercles of different sizes, the result of tissue reaction upon the invading bacilli and their toxines. There is some time seen in the center of tubercles an immense cell, the giant cell, which frequently contain the bacilli. Its increased size is supposed to be due to abortive at reproduction with resulting increase in size owing to its failure of division. As a result of nutritional failure, the center of this mass which is farthest removed

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from nourishment, the whole being a tissue of a low degree of vitality undergoes coagulation necrosis; subsequent softening may occur with breaking down; or the liquid portion may be absorbed and leave a caseous mass, which in turn may become impregnated with lime salts, giving a calcareous deposit, while the whole may be capsulated in a fibrous protecting envelope that the tissue cells have thrown out to surround the focus of infection, thus making of it a foreign body. From the absorption of the toxines the adjacent tissues to a tubercular process undergo inflammatory changes to a greater or less degree, and in the lungs of phthisical patients broncho-pneumonic areas are frequently found surrounding foci of infection.

As might be expected in a disease which may be either acute or chronic, localized or diffused, infiltrated throughout a tissue, the morbid anatomy presents a diversity of lesions, but underlying these varied conditions there is but one pathological process.

Thus a tubercular cavity and a tubercular ulcer are one and the same thing, their only difference being in contour, and they both represent a tubercular nodule in its later stages, minus its broken-down and softened center. A consolidation is merely an aggregation of tubercles or the tubercular process in which all the tissue of that area is involved, with little or no normal structure sandwiched between. If these minute tubercular masses become scattered throughout the lungs so that the normal tissue elements intervene, the picture of an infiltration presents itself. When the disease progresses with consequent diminution of the normal adjacent structure, the process is spoken of as passing from the stage of infiltration to that of consolidation. The pathological change is practically the same, the chief difference depending upon the amount of tissue involved and whether the process be diffused or localized. True consolidation is regarded as a later stage of infiltration because it is a degree nearer the breaking down process, but the chief reason for the breaking down is that the mere aggregation of these tubercles—these non-vascular bodies of low vitality—cuts off nutrition from the interior of its own mass, in consequence of which softening takes place.

An infiltration shows no such tendency, because nourishment is derived from intervening normal elements sufficient to keep the area from undergoing destructive changes. The broncho-pneumonia of acute or galloping consumption may be considered a tubercular invasion similar to the rest but lacking the picture of more definite arrangements into tubercles, because the defensive

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tissue cells have failed to arrange themselves in the usual order observed in the more chronic lesion. And following up these cases of acute tuberculosis we frequently see the process limited, the picture being that of chronic ulcerated phthisis; this means that the tissues have in a measure reacted and the invading pneumonic area has had thrown around it a protective layer of epithelial cells and a similar layer of leucocytes. In chronic ulcerated phthisis there may be seen all kinds of lesions; miliary tubercles, areas of broncho-pneumonia caverns of various sizes and shapes sometimes communicating with each other, undermining the greater part of the lobe of a lung. These cavities may be either dry, representing a healed process, or they may contain muco-pus or pus and have lining them a pyogenic membrane.

SYMPTOMS.

Fibroid Phthisis.—This, as its name implies, is the condition in which there is a preponderance of fibrous element. At first, this may have been a pulmonary cirrhosis, upon which later the tubercular process is superimposed, or it may have been tubercular from the beginning. This disease may last for years, and the patient enjoy during that time reasonably good health. With the formation of cavities the usual physical signs appear and more or less profuse expectoration occurs, which may, owing to its retention, become foul and undergo putrefaction, causing a very offensive odor. Erosion of blood-vessels give rise to repeated hemorrhages, which may finally prove fatal. Little absorption occurs, owing to the effectiveness with which the process is shut off from the general system, and, consequently, no fever.

Acute or Galloping Consumption.—In this form there is usually the clinical picture of lombar pneumonia, with suddenness of onset and chill rapidly followed by fever, pain in the side and cough, with rusty sputum. The expected crisis fails to appear at the usual time, and with the pneumonic area which occurs in the latter half of the second week there is a profuse muco-purulent expectoration, which may excite suspicion of the real nature of the trouble. Upon examination the sputum now shows numerous bacilli, and the clinical picture becomes one of pus absorption. There are chills, fever and profuse sweating; irregular temperature, weak and frequent pulse, rapid breathing and marked dyspnea. The hectic state soon supervenes and the patient dies from gradual exhaustion. It is the pus coccus which is largely responsible for the picture long recognized as consumption, and not the tubercle bacilli.

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Chronic ulcerative tuberculosis should be regarded in almost every instance as a dual disease; one in which two chief factors are at work; the bacillus tuberculosis, and the pus coccus play the relative parts. The majority of cases of pleurisy with effusion, coming on insidiously, are tubercular in origin. Localized areas of dry pleurisy are frequently the first indication of a tubercular process. Sometimes in the beginning the disease simulates an intermittent malaria with chills, fever and sweat; but if quinine does not control these symptoms it should arouse suspicion, especially if there are other factors in the case, such as cough or general loss of weight. With the appearance of the onset after a greater or lesser period of time the other symptoms usually manifest themselves. Rapid emaciation and loss of weight is found in nearly every case in some stage of the disease. This is frequently the first thing to attract the patient's attention to himself, and taken alone is one of the surest guides of the progress of the disease. The temperature of tuberculosis varies with the stage of the disease and the rapidity of the process. In the incipiency the thermometer may register normal for the greater part of the day and show only a slight rise toward evening. The constant evening temperature of one-half to one degree, particularly if the patient is debilitated or dyspeptic, should excite suspicion. Frequently in the advanced stage when asthenia exists the thermometer fails to register by the mouth, while at the same time the rectal temperature will be above normal. This is more likely to occur in the early morning. Night sweats are common and are one of the features of the disease; they follow violent coughing spells or the decline of the fever. The disease may terminate by syncope, coma, or asphyxia, but death most often occurs from exhaustion.

Prognosis.—It is very important to be able to give a fairly accurate prognosis both as to the ultimate result of the disease in a given area as well as to the length of time that will be required for its termination, either favorably or unfavorably. Some authorities claim that the prognosis is more favorable between the ages of 18 and 30, but my experience with it does not bear out this idea. Environment has a decided controlling influence over the result of treatment. Proper climate, hygiene and social diversions as well as mental quietude all tend toward a favorable result. Heredity influences prognosis unfavorably if it has given to the patient a lack of vital capacity. The earlier the diagnosis is made and patient placed under treatment, the more favorable the prognosis. Complications affect the prognosis very appreciably.

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Chronic nephritic diseases and functional cardiac diseases render the prognosis very, *very* unfavorable. The prognosis in all stages is relative to the degree of carelessness exercised by the patient.

TREATMENT.

Selection of Cases.—Individualization of patient is the keynote of successful treatment of tuberculosis. In nothing is this so manifest as in the selection of the climate or resort to which individuals should be sent. Purely tubercular cases, catarrhal cases, or cases combining the two, do better in a cold, dry climate, while the pneumonic cases do better in a warm, dry climate. Changes of environment is advantageous in itself, but of more importance is the selection of a resort at an altitude which seems to be indicated in individual cases. Having selected the locality in which it is hoped to effect a cure of the patient's disease, it is imperative to impress upon him the necessity of remaining continuously there until the desired end is accomplished. Patients should pass their sleeping hours in a well ventilated room. No harm is done by letting the cold air blow upon the head, provided the body and limbs are warmly covered.

DIET.

In most cases of insipid tuberculosis nothing is better than three good meals a day. Climate, out of door life and tonic treatment all tend to increase the powers of digestion; however, in many cases, periodically, there will arise disorders from overeating, which will require treatment. It is true that a large number of cases of tuberculosis is due primarily to non-assimilation, and it is not strange that we find quite a percentage of patients with chronic gastritis and dilated stomach. These can be relieved by syphon irrigation, two or three times a week. Milk, cream, eggs, vegetables and game are all staples that should be liberally provided.

INDIVIDUAL MEDICINAL TREATMENT.

There is too great a tendency among the profession to depend mainly upon one line of treatment in this disease. The public is at last beginning to understand that not only the disease is infectious, but that it is, in a large majority of cases, susceptible to cure. In view of this fact the various health resorts have been for the past few years crowded with victims of this dread disease. No general line can be laid down for even a small percentage of tuberculous patients. We must not expect to treat successfully

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pulmonary tuberculosis in the abstract, but every case must in justice be treated in accordance with its individual manifestations of disase, idiosyncrasies and complications. Almost invariably amenia is present and must be removed. This is done by giving iron, such as pepto-manganese, tincture of the chloride and Blaud's pill. Bitter tonics are indicated from time to time. Coughing is best controlled by codeine, heroine, or other opiates. Night sweats are best controlled by atropia hypodermically. In incipient cases it is well to use the anti-tubercle serum. This does not tax the function of digestion or produce gastritis, diarrhea, or loss of appetite. Exercise, prudently carried out, is essential.

PROPHYLAXIS.

Prophylaxis is difficult in this disease, for the predisposing factors are numerous and often hidden. Careful oversight of weakly children or apparently healthy offspring of parents of suspicious physical ancestry, especially at certain periods of life, would do much towards removing the possibilities of the inception of the tubercle bacillus. The public should be educated sufficiently by means of tracts and circulars on laws of hygiene and infection to enable them to protect their immediate persons and home. Once having been taught these laws the public should be forced to observe them.

Diseases of the Biliary Tract—Special Reference to the Pathology and Differential Diagnosis of Cholecystitis and Cholelithiasis.*

BY W. L. CROSTHWAIT, M. D., HOLLAND, TEXAS.

The most common pathological conditions found in the biliary tract are those resulting from infections of the gall bladder, common, hepatic or cystic duct, and the subsequent formation of gall stones. Considering their various complications and sequelæ, a very large per cent of the diseases of the biliary tract are primarily the result of cholecystitis, cholangitis or cholelithiasis.

Anatomically speaking, the term "biliary tract" is meant to include the gall bladder, the cystic, hepatic and common duct, and the duct of Wirsung. The size, shape, position, relationship, blood and nerve supply and lymphatics of these organs must be understood and constantly borne in mind by the diagnostician in order

*Read before the Bell County and the Central Texas Medical Societies.

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that the various diseases common to them may be recognized and differentiated.

Figure 1 nearly correctly illustrates the points above mentioned. (a) The gall bladder normally is pear-shaped, 4 to 5 inches in length and 1½ inches in width at the fundus, and has an average capacity of one and one-half ounces. Its position is obliquely, its fundus being directed downward, forward and to the right, and touching the anterior abdominal wall at the meeting of the outer border of the rectus and costal arch. The neck of the gall bladder is directed upwards, backwards and to the left. The fundus is covered with peritoneum; above this there is a large, bare surface which lies in contact with the liver in the fossa for the gall bladder. The gall bladder receives its blood supply from the cystic artery, which is usually a branch of the right hepatic. It passes along the neck and divides into two main branches of one which ramifies the free surface of the gall bladder and the other is distributed between it and the substance of the liver. The cystic plexus, given off from the hepatic plexus of the sympathetic nerve, furnishes the nerve supply of the gall bladder. Filaments from the pneumogastric and right phrenic also reach it through the hepatic plexus. However, it must be borne in mind that the nerve supply of the gall bladder is very limited.

The gall bladder narrows, thickens and curves downward as it becomes continuous with the cystic duct, the point of the commencement of which is marked by the projection of the mucous membrane caused by the formation of the first of the series of valves, which are arranged along the whole length of the cystic duct.

The cystic duct is about 1½ inches in length. Its course is downward and to the left, between the folds of the lesser omentum to join the common hepatic duct in forming the common bile duct. Its blood and nerve supply same as the gall bladder.

The common bile duct is about three inches in length. Its origin is the juncture of the cystic and common hepatic ducts and its termination is with the canal of Wirsung in the ampulla or diverticulum of Vater. The ampulla of Vater opens upon the "papilla major" of Santorini, about three inches from the pylorus. The course of the common duct is downward and to the right. In order to study its surgical relations, the common duct may be divided into three portions. The first portion, one and one-half inches in length, lies above the duodenum in the foramen of Winslow and in relationship with the portal vein and the hepatic artery

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and vein and the gastro-hepatic omentum. The second portion, one and one-quarter of an inch in length, lies behind the duodenum in close relationship with the head of the pancreas. The third portion obliquely penetrates the walls of the duodenum on its inner and posterior aspect and terminates in the diverticulum of Vater.

The duct of Wirsung extends the entire length of the pancreas and terminates in the diverticulum of Vater along with the termination of the common duct. It is this relationship which makes it of surgical importance in connection with disease of the biliary tract.

(b) The lymphatics of the biliary tract are of very great interest and surgical importance. No lymphatic glands are found on the gall bladder proper, the first one constantly present being found near the beginning of the cystic duct, in the S-like curve of the neck of the gall bladder. Quenu describes two constant glands, one in the angle between the cystic and common hepatic ducts and the other on the outside opposite the beginning of common duct. There is a chain of several glands along the common duct. The first named glands are of surgical importance from the fact that they may become enlarged from acute inflammation, and by pressure cause the blocking of the ducts, or they may become infiltrated and hardened to the extent that they may be mistaken for calculus in the ducts when felt in exploring the ducts by the sense of touch.

Cholecystitis and cholangitis may be acute, sub-acute or chronic, primary or secondary infections.

Cholecystitis may be classified, pathologically, into (1) catarrhal, acute and chronic, (2) suppurative, (3) membranous, (4) gangrenous and (5) ulcerative. Two clinical forms are usually recognized: (1) primary and (2) secondary infections. The microorganisms associated with the disease are the colon and typhoid bacilli, and rarely the streptococcus pyogenes, aureus and albus and staphylococcus.

Primary infections are the result of pathogenic germs gaining entrance through the portal circulation or directly from the duodenum through the papilla of Santorini, the ampulla of Vater and the common duct. Secondary infections, or, more correctly stated, secondary attacks, are caused by the irritation of gall stones or the thickening of the mucosa to the extent of blocking the ducts. Secondary infections predispose to the development of hydrops and empyema of the gall bladder.

I wish to say here that I believe that many primary infections of the gall bladder and ducts are not diagnosed until after the de-

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velopment of cholelithiasis and not until the symptoms arising from renewed infections, from irritation of the stones or blocking of the ducts manifest themselves. This has led to the erroneous idea that cholecystitis and cholangitis are secondary to gall stones when the reverse is quite true.

The symptoms of acute cholecystitis are characteristic and easy of recognition. The subjective symptoms are pain, fever, nausea, soreness over region of liver or gall bladder. Pain is the most important symptom. It is usually of sudden onset, is both paroxysmal and continuous and usually radiates to the right sub-scapular region. Dr. W. J. Mayo claims that a pain in the region of the gall bladder, at first paroxysmal and becoming continuous and constant for some time, indicates a thickened gall bladder, due to acute cholecystitis. At first the pain may be not unlike that of appendicitis. Dr. Mayo has also pointed out the important diagnostic point. The pains due to cholecystitis are first short paroxysms, followed by long ones, gradually merging into a continuous pain. The pains of appendicitis are first long paroxysms followed by short ones and gradually ceasing. The fever of acute cholecystitis is typical of all pathogenic infections; however, it seldom exceeds 101° F. only for short intervals, when it may suddenly rise to 104°, to be followed shortly by a remission to nearly normal. Nausea and vomiting is usually but not always present. Tenderness is always present, at first diffuse it slowly becomes localized in the right hypochondrium.

The objective symptoms are (1) enlarged and tender gall bladder. This symptom may be elicited by palpation or percussion, but most accurately by the following method; i. e., with the tips of the fingers of the left hand pressed deep into the right lumbar space just beneath the border of the ribs making constant and firm pressure and the thumb of the right hand deeply into the right hypochondriac region anterior over the gall bladder, and the patient instructed to take a deep breath, the gall bladder may be felt easily and information concerning its size, tension and degree of tenderness may be accurately ascertained. (2) Rigidity of muscles of right side is always present. (3) Intestinal disturbances, such as distention, constipation and intestinal indigestion is always present. (4) Jaundice is not a symptom of acute-cholecystitis and rarely a symptom of cholangitis. Where the swelling of the common duct is sufficient to close its lumen, or where the lymphatics may become swollen and by pressure block the common hepatic or common bile duct, jaundice may become a diagnostic symptom.

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The symptoms of secondary cholecystitis and cholangitis will be considered with the discussion of cholelithiasis. The treatment is surgical.

Cholelithiasis or gall stones is a more common condition than what has heretofore been supposed. Post-mortem examinations would probably show that 10 per cent of the people who die of any of the various diseases to which the human race is heir are afflicted with gall stones.

In considering the etiology of gall stones, with the one word, obsolete, we may dispose of the theory of predilective influences as sedentary habits, alcoholism and heredity, and of predisposing factors as bile stagnation, metabolic changes, such as gout, diabetes and rheumatism, and heart disease. Gall stones result only from infection of the biliary tract by pathogenic micro-organisms. Assuming the correctness of this statement, the reverse of which has never been proven, we must consider cholelithiasis as a sequelæ or complication of cholecystitis or cholangitis. The bacteria associated with gall stones are the same, and in the same ratio as to their frequency of occurrence as in cholecystitis.

It would be entirely too theoretical and tedious to elaborate the formation of gall stones. Inflammation of the mucosa of the gall bladder is necessary for the formation of cholesterin and bilirubin-calcium, the two chief constituents of gall stones. Infected bile with highly attenuated cultures of either the bacillus coli, the bacillus typhosus or rarely the staphylococcus or streptococcus pyogenes and bacillus subtilis, with clumping and agglutination of cells, around which the cholesterin and bilirubin-calcium may be deposited as a nidus, is probably the most essential factor in the etiology of this condition.

Nearly all gall stones form in the gall bladder. It is possible for them to form in the cystic duct or in the common hepatic or intra-hepatic ducts, or even in the common duct, but for the purposes of this discussion we will presume that they all have their origin in the gall bladder.

The symptoms of gall stones which are of sufficient importance to demand our especial attention are pain, nausea and vomiting, fever, tumor and jaundice.

The pain of cholelithiasis is due to inflammation of the gall bladder and bile ducts and in many cases to a localized peritonitis. It varies in degree from mild, the common manifestations of which are entirely local, to severe, which is both local and referred. The local or epigastric pain due to inflammation of the gall bladder and common or cystic duct must be differentiated from that

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due to various diseases of the stomach and pancreas; especially must gastric ulcer and malignant disease of the stomach and head of pancreas be borne in mind. Also duodenal ulcer with or without adhesions must be differentiated. The referred pain may be confounded with that of gastralgia, as when it is referred to the right sub-scapular region; or to colitis or appendicitis, as when it radiates towards the umbilicus. A localized area of tenderness directly over the gall bladder and the inability of the patient to take a deep breath without much pain when the fingers of the diagnostician are pressed deeply beneath the right costal arch below the hepatic margin and hypersensitiveness elicited by deep pressure on the right side, posteriorly, on a level with the twelfth thoracic vertebra, are the most valuable points in locating the exact origin or site of pain.

According to Moynihan, nausea and vomiting are the most common symptoms of cholelithiasis. The nerve supply of the gall bladder and cystic and common duct, filaments from the pneumogastric and right phrenic and also branches from the hepatic plexus of the sympathetic nerve, is responsible for these symptoms which are reflex in origin. It is owing to these symptoms which are often very persistent that so many cases of gall stones are mistaken for indigestion and other stomach diseases.

Tumor occurs in the course of cholelithiasis whenever the common or cystic duct becomes blocked. This may happen by a stone becoming impacted in either duct, by torsion of the cystic duct, by swelling of the lymphatic glands or by pressure of tumor at the head of pancreas. This condition is to be differentiated from tumor of the omentum, stomach and kidneys. This is not difficult to do, as the tumor of distended gall bladder moves with respiration while the others named do not, in the sense that they can not be held stationary if grasped and firmly held during the act of full inspiration and expiration.

The febrile phenomena accompanying cholelithiasis is its most characteristic symptom. A typical Charcots' fever is always pathognomonic of gall stones. The elevations of temperature are abrupt; from the normal its rises rapidly to 103° to 104°; remains about that point for a short time, when it rapidly returns to about normal. This may be repeated any number of times, as the peculiar febrile phenomena is the result of renewed infections of the gall bladder or ducts, due to the irritation caused by the presence and movements of the gall stones. The severity of the fever is determined by the extent and virulency of the infection. Rigors usually denote a severe cholecystitis or cholangitis or both.

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Jaundice is one of the most misleading symptoms of gall-stone disease; in truth, it is a very rare symptom; various authors estimate its occurrence in about 10 per cent of all cases. Jaundice will occur in those cases in which the common duct or common hepatic duct is blocked by impacted stone or by swelling of the mucosa to the extent of closure of their lumen or by a stone in the ampulla of Vater or the orifice of the cystic duct extending into and closing the lumen of the common duct.

Reference to Figures 2 and 3 will best render the above clear.

Stones in the cystic duct give rise to a similar line of symptoms as those in the gall bladder, but the character of pain is of importance in differentiation. Stone in the cystic duct may be confounded with duodenum ulcer, especially where there are adhesions.

Stone in the common duct, besides having the characteristic symptoms of pain, nausea and vomiting, fever (Charcots) and rigors, are to be differentiated by the presence of jaundice. Gastric ulcer, duodenal ulcer and disease of the pancreas may be mistaken for stone in the common duct. Or probably the reverse of this statement would be nearer correct.

Cholelithiasis is of slow and insidious development; weeks, months or even years may elapse from the initial infection until sysptoms of gall stones are of sufficient severity as to demand surgical interference. If all cases of cholecystitis were recognized and properly treated, many patients would be spared the distress and suffering incident to the long prodromal stage of cholelithiasis.

The prodromal stage or formation period of gall stones is accompanied by a characteristic chain of symptoms and reflex disturbances to which attention is ofen directed or more often misdirected. Many mistakes in diagnosis result in years of suffering and no end of disagreeable medication for such diseases as "neurasthenia," "gastralgia," "indigestion," "gastric catarrh" and "gastric or duodenal ulcer."

Considering the immense scope of gall-stone diseases, it is obvious that we have not touched on many important phases of it in this brief paper. I will conclude by urging on the general practitioner as well as the surgeon a more careful study of all diseases of the biliary tract.

DR. S. WEIR MITCHELL, of Philadelphia, the celebrated physician and delightful novelist, has recently celebrated his 75th birthday. We look for much more good work and many happy years for our grand old friend.

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Society Notes.

Medical Section National Fraternal Congress, August 19, Buffalo, N. Y.

Address of Welcome—William Warren Potter, M. D., Buffalo, N. Y.

Response to Address of Welcome—H. A. Warner, M. D., Topeka, Kan.

Address by the President of the Section—Orson Millard, M. D., Flint, Mich.

Report of the Secretary of the Section—E. France Morrell, M. D., Chicago, Ill.

Report of the Treasurer of the Section—Talbert Sleneau, M. D., Port Huron, Mich.

Report of the Committee on Uniform Instructions Book—Thomas Millman, M. D., Toronto, Ont.; J. W. Porter, M. D., Omaha, Neb.; H. A. Warner, M. D., Topeka, Kan.; E. M. Hooper, M. D., Elmira, N. Y.; Isabella Holden, M. D., Detroit, Mich.

Report of George McConnell, M. D., Chicago, Ill., as representative to the A. M. A. meeting, held at Atlantic City, June, 1907.

Report of Committee on Mortuary Statistics—S. T. McDermith, M. D., Denver, Col.; F. A. Smith, M. D., Rock Island, Ill.

Report of the Committee on Life Insurance Instructions in the various Medical Colleges—F. A. Smith, M. D., Rock Island, Ill.; A. D. Cloyd, M. D.; Omaha, Neb.; H. A. Warner, M. D., Topeka, Kan.

Report of the Committee on Examination Fees—E. Holovtchiner, M. D., Omaha, Neb.; George McConnell, M. D., Chicago, Ill.; B. E. Jones, M. D., Rock Island, Ill.

"On the Relation of the Medical Examiner to the General Office," W. K. Harrison, M. D., Chicago, Ill.

"The Trend of Medical Selection," F. A. Smith, M. D., Rock Island, Ill.

Program Medical Bureau Associated Fraternities of America, Buffalo, N. Y., August 19, 1907.

Meeting called to order at 10 o'clock a. m.

Report and recommendations of the President—G. W. Clendenen, M. D., Fulton, Ill.

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Report of Committee on Standard Medical Blanks—G. A. Ehret, M. D., Cleveland, Ohio; James L. Cooper, M. D., Fort Worth, Texas; C. E. Linn, M. D., Monmouth, Ill.

Report of Committee on Code of Instruction to Local Medical Examiners—P. A. Quick, M. D., Muskegon, Mich.; W. M. Hilton, M. D., Waverly, N. Y.; E. G. Flynn, M. D.

Election of officers for coming term.

"Who Shall Marry," W. M. Hilton, M. D., ex-President, Waverly, N. Y.

Discussion by members.

"The Unworthy Medical Examiner," M. M. Smith, M. D., Dallas, Texas.

Discussion by members.

"A Speculative Forecast of Life and Death as Viewed Through a Glass by the Medical Director," C. W. McLaughlin, M. D., Kansas City, Kan.

Discussion by members.

Final report on the National Fraternal Sanitarium, Las Vegas, New Mexico—A. L. Craig, M. D., Chicago.

Several papers not listed.

Medical Association of the Southwest (Missouri, Kansas, Oklahoma, Indian Territory, Arkansas and Texas).

EL RENO, OKLAHOMA, September 2, 1907.

Dear Sir:

As Chairman of the Committee of Arrangements I wish to call your attention to some matters of importance to you in relation to the coming meeting of the Medical Association of the Southwest at Hot Springs, beginning October 8.

We have made arrangements with the hotels of Hot Springs on the very favorable basis of $3 per day at the Arlington for those in attendance on the convention, $2.50 at the Majestic and $2 and $2.50 at the Waverly, Waukesha, Rockafellow, Pullman, Great Northern, Moody and Milwaukee and still lower rates at other excellent hotels.

Hot Springs is a great national resort, owned and under the general control of the United States government. It is situated near the center of the territory of the Southwestern Medical Association. Its famous waters should make it the natural resort for this territory for rest, recreation, recuperation and the cure for many ills.

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We cordially invite the medical profession to come and get acquainted with Hot Springs. Bring your families and make it the occasion for a delightful outing and vacation rest. Plenty to see and do for the ladies and children.

The government has built many miles of beautiful mountain drives and walks on its reservation here. The scenery is delightful and the climate unsurpassed, the baths are a benefit and delight to the well and a God-send to the sick. The second Arkansas State Fair will be in progress at the fair grounds here during the meeting of the Association.

Yours truly,

T. E. HOLLAND,

Chairman Committee of Arrangements.

Program of Special Meeting of the McLennan County Medical Society.

Dear Doctor:

The committee on program have taken considerable pains in preparing a symposium on obstetrics with leaders for four weekly meetings beginning October 8 and extending to October 29, 1907. We trust that this will meet with your approval, and that you will give the topics your special attention, that we may be able at all times to have interesting and profitable meetings.

Hoping to meet you and to have your co-operation in making a success, we remain,

Yours very truly,

K. H. AYNESWORTH, President,

H. M. LANHAM, Vice-President,

S. B. KIRKPATRICK, Secretary,

Committee.

PROGRAM.

October 8, 8 p. m.

"The Physiology of Pregnancy," Dr. M. W. Colgin, Waco.

Discussion opened by Dr. J. E. Cooke, Mart.

"The Diagnosis of Pregnancy," Dr. G. B. Foscue, Waco.

Discussion opened by Dr. F. G. Daehne, West.

"Affections of the Alimentary Canal During Pregnancy" (Mouth, Teeth, Saliva, etc.), Dr. W. B. Carpenter, Mart.

Discussion opened by Dr. R. A. Gordon, Lorena.

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"Toxemia of Pregnancy, with Treatment," D. W. H. Allen, Marlin.

Discussion opened by Dr. J. W. Gidney, West.

October 15, 8 p. m.

"Affections of the Urinary Tract During Pregnancy," Dr. J. M. McCutchan, Waco.

Discussion opened by Dr. M. L. Langford, Mart.

"Disorders of the Nervous and Circulatory Systems and Respiratory Apparatus During Pregnancy" (Nose, Larynx, Lungs, etc.), Dr. A. M. Curtis, Waco.

Discussion opened by Dr. J. D. Lovelace, Speegleville.

"Affections of the Eyes During Pregnancy, Dr. J. R. Ferrell, Waco.

Discussion opened by Dr. B. L. Scott, Waco.

"Injuries, Accidents and Surgical Operations During Pregnancy, Dr. R. J. Alexander, Waco.

Discussion opened by Dr. R. B. Bell, Waco.

October 22, 8 p. m.

"Disorders of the Cutaneous and Osseous Systems During Pregnancy," Dr. W. P. Connally, McGregor.

Discussion opened by Dr. H. P. Curry, Reagan.

"Infectious Diseases of Pregnancy," Dr. I. A. Langston, Waco.

Discussion opened by Dr. R. J. Hall, Waldo.

"Abortion, Miscarriage and Premature Labor," Dr. W. G. Trice, Elk.

Discussion opened by Dr. R. B. Whiteside, Lott.

"Induced Labor, Indications and Time For, and Methods," Dr. J. J. Dean, Waco.

Discussion opened by Dr. J. D. Foster, Riesel.

October 29, 8 p. m.

"Extra-Uterine Pregnancy," Dr. J. W. Hale, Waco.

Discussion opened by Dr. W. O. Wilkes, Waco.

"Labor," Dr. H. C. Black, Waco.

Discussion opened by Dr. Joe H. Shelton, Westphalia.

"The Puerperal State," Dr. R. H. Eanes, Waco.

Discussion opened by Dr. H. F. Connally, Eddy.

"Care of the Infant," Dr. J. M. Witt, Waco.

Discussion opened by Dr. H. M. Johns.

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The Mississippi Valley Medical Association.

The Mississippi Valley Medical Association is doing commendable work in furthering the cause of scientific research. This year there will be a prize essay contest, authorized at the last meeting of the Association, in the sum of $100 for the best original essay upon any medical or surgical subject offered to the committee, composed of Drs. Hugh T. Patrick, of Chicago; C. H. Hughes, of St. Louis, and A. H. Cordier, of Kansas City. The prize is offered by a certain member of the Association to stimulate investigation upon scientific lines.

Preparations are being made on an extensive scale by the profession of Columbus, O., to assure the success of the forthcoming meeting, to be held on October 8, 9 and 10.

International Fair Premium List.

The premium list of the ninth annual fair of the San Antonio International Fair Association, to be held at San Antonio, Texas, November 9th to 24th, inclusive, is on our desk.

An examination of this premium list shows that more money is offered to exhibitors of live stock and agricultural products, as well as to exhibitors in other departments, than is offered by any other fair or exposition held in the United States this year.

Exhibitors of live stock, including cattle, horses, sheep, swine and goats, will compete for cash prizes amounting to $12,500. Over $3000 will be distributed in the agricultural department, this amount including $600 added by the San Antonio & Aransas Pass Railway management. In addition to the special premiums offered by the above named railroad, the American Angora Goat Breeders' Association has seen fit to add $200 to the already large amount of premium money offered by the Fair Association management on registered Angora goats.

The poultry department is recognized to the extent of $1000, and exhibitors in the ladies', art and floral departments will compete for prizes aggregating over $2000.

In the racing department over $40,000 is offered in purses, which will insure the best racing ever held on this association's track.

The liberality of the San Antonio International Fair Association to exhibitors in all departments has brought to this fair every year larger exhibits of products from ranch, farm, orchard and garden than has ever been shown elsewhere in this State.

For premium list or other information, which will be carefully given, address the secretary.

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THE TEXAS MEDICAL NEWS.

A JOURNAL OF MEDICINE, SURGERY AND HYGIENE.

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NOTICE TO THE NEWS' SUBSCRIBERS AND ADVERTISERS.

As announced in the August NEWS, the principal office of the NEWS has been moved from Austin to Dallas, Texas. With this removal the management of the NEWS has determined to make the NEWS the best independent medical publication in the Southwest as rapidly as time will permit.

Our managing editor, Dr. M. M. Smith, as soon as it was determined to change the location of the NEWS to Dallas, went North, and while there had conferences with some of the best medical publishers in New York City, Chicago and St. Louis as to the changes indicated as being the best for the improvement of this publication. After these conferences we have decided to make a departmental journal of the NEWS and to have some of the leading men of the State to preside over the departments dealing with their specialties, and, in addition, to have collaborators from the various portions of the United States. These changes are contemplated beginning with the November issue.

We invite our readers to assist us in making the NEWS reach a state of *par excellence*. We invite friendly advice and suggestions from our readers, and so far as our judgment and experience will

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lead us to accept same we will be pleased to make use of suggestions furnished us by the NEWS subscribers.

The increased circulation is a most important part of the success of any publication. We have a well mapped out plan for increasing our circulation, but it takes time to make a personal campaign all over the NEWS' territory; but an important item in the successful campaign of this character is the assistance given us by the NEWS' readers everywhere. A kind word in our behalf, here and there, if we demonstrate we merit it, by our subscribers, will be the means of interesting many every month in the NEWS. We kindly ask the assistance and co-operation of our readers and trust our efforts in giving you a better publication in the future will merit this request.

Notes and Miscellany.

A VERY COMPETENT German physician and surgeon wishes to hear of a good location in the State of Texas. Address "G. B.," care TEXAS MEDICAL NEWS, Dallas, Texas.

Teacher—"What is the spinal column?"

Johnnie—"It's a string of bones in your back, and your head sits on one end and you sit on the other."—*The Southern Druggist.*

DR. ARTHUR HITCHENS, director of the antitoxin and vaccine laboratories of the H. K. Mulford Company, is in London, engaged with Prof. E. A. Wright in the study of opsonins and vaccine therapy.

ONE should inquire carefully for the history of the application of carbolic acid to a wound, especially of the finger or toe, when a gangrene with a distinct line of demarkation has developed.—*American Journal of Surgery.*

MEDICAL BOARD AT WACO.—An important conference of the newly appointed State Medical Board was held. Drs. M. E. Daniel, of Honey Grove; J. D. Mitchell, of Fort Worth, and R. O. Braswell, of Mineral Wells, were in attendance to confer with Dr. G. B. Foscue, the Waco member of the board. The conference considered the coming examination to be held at Fort Worth, Oc-

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tober 21, under the direction of the State Medical Board, as provided by the recent act of the Thirtieth Legislature, and also the manner of holding the examination. Rules were adopted governing the Fort Worth examination, which will shortly be published.

"MADAM," exclaimed an irritable man in the street car, "I wish you would give that baby something to quiet him."

"I would like to very much," responded the young mother, "but my waist buttons down the back."—*Chicago Med. Times.*

STATE QUARANTINE CHANGES.—Dr. J. H. Florence, of Dallas, State Quarantine Inspector at Sabine Pass, has been transferred to Galveston to take charge of that more important station, relieving Dr. J. P. Tucker. Dr. Florence's successor is Dr. F. C. Fort, of Houston.

NOTICE.—I shall be glad to correspond with any physician who expects to do post-graduate work in Chicago or New York during the next month; object for our mutual good and the reduction of expenses. Address "Post-Graduate," care of TEXAS MEDICAL NEWS, Dallas, Texas.

THE BOY WAS HUNGRY.—The small boy had been a very ill boy, but he was on the convalescent list, to the family's great joy, and this is how they knew. When the doctor came the other morning the lad piped up, "Say, I want something to eat. I'm tired of taking nournishment."—*Boston Herald.*

DR. C. C. WEAVER, formerly a member of the State Board of Dental Examiners of Texas, has been elevated to the secretaryship of the State Dental College at Dallas, Texas. Dr. H. T. Walker, dean-elect of Denison, Texas, has been elected to the chair of Operative Dentistry. Everything points to a banner year for the institution.

"GOD makes every feature of the face but the mouth—our mouths we make ourselves. Mouths are made or marred by time, trial and habit, softened by heart, hardened by suffering, but it is to the soul they owe the finishing touch."—Extract from "Bab, the Impossible," by Sarah Grand.

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Boy—"Please, I want the doctor to come and see mother at once."

Doctor's Servant—"Doctor's out. Where do you come from?"

Boy—"What! Don't you know me? Why, we deal with you; we had a baby from here last week."

Any enlargement of the thyroid gland may cause paralysis of one of the vocal cords by pressure on the recurrent laryngeal nerve or may impede respiration by pressure on the trachea itself. But a laryngeal examination should not be omitted, for the whole trouble may be caused by an enlarged accessory thyroid on one of the vocal cords.—*American Journal of Surgery.*

British physicians are protesting against music as an accompaniment to dinner. They say that not only does the clash and blare interfere with sociability, and therefore irritate the mind by frequent interruptions and the strain of listening under difficulties, but it interferes with digestion by sending the blood to the brain instead of to the stomach, where at dinner time it belongs.—*Lancet-Clinic.*

Copied From a Leading Dakota Newspaper.—"It is reported that one of the fastidious newly-married ladies of this town kneads bread with her gloves on. This incident may be somewhat peculiar—but there are others.

"The editor of this paper needs bread with his shoes on; he needs bread with his shirt on; he needs bread with his pants on; and unless some of the delinquent subscribers of this old Rag of Freedom pony up before long, he will need bread without a..... thing on; and North Dakota is no Garden of Eden in the winter time."—*Chicago Med. Times.*

Benzine Arrests Transient Redness of the Nose.—Buck (Med. Klinik) states that a single application of petroleum benzine on cotton or lint will at once arrest the tendency to redness of the nose in some individuals. The benzine will also arrest the shiny aspect of the nose occurring with hyperemia or without it. The benzine impregnated cotton is pressed on the spot for a few seconds without rubbing, covering merely the reddened parts and taking care not to let the benzine get into the eyes, nostrils, or mouth. Buck states that the petroleum benzine does not have the slightest

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irritating action on the skin, and is by far the best method of clearing the skin in acute eczema or similar conditions.—*Ex.*

PASSES TO SURGEONS.—Assistant Attorney General William E. Hawkins rendered an opinion to Joseph Greer, of Alvin, local surgeon of the Santa Fe of that place, to the effect that he could not ride on his pass and at the same time hold the position of city health officer.

An opinion to the same effect was given to Dr. Taylor Hudson, of Belton, who is surgeon of the Santa Fe.

The Attorney General's department has held that in order to hold the position of county health officer at the same time he will have to give up his pass.

MANY who have witnessed Mansfield's marvelous production of "Dr. Jekyll and Mr. Hyde" thought it a highly improbale presentation of life. Dr. Benjamin Hollerook, of Delaware county, Pa., has confessed that he is a thief by night. His crimes began several months ago, and so far as known were confined to a territory within a few miles of his home. The robberies were committed at night, and he always drove to the scene in his buggy, and the booty was carried off to the swift pace of his spanking team of sorrels. Thus industrious at night he was in the day time a suave, well-bred practitioner, specialist in eye, nose and throat treatment, well-mannered, and an especial favorite with families of good standing.

OUT OF THE MOUTHS OF BABES.—Though an aristocrat from head to foot, five-year-old Bernice came to kindergarten with her small hands chapped terribly, an evidence of lack of grooming that astonished Miss Violet.

"Bernice," she suggested, "ask your mamma to put some cold cream on your hands, so they won't hurt and be rough." But the hands grew no better. After several days Miss Violet asked:

"Did you tell your mamma about the cold cream, Bernice?"

The child looked up, solemn-eyed.

"My hands can't be chapped. Mamma says it's only *mortal mind,* and I must get over it." Then Miss Violet remembered that "mamma" was a Christian Scientist.—*July Lippincott's.*

THE HEPATIC FUNCTIONS, THEIR PATHOLOGY AND TREATMENT. —H. Richardson, of Baltimore, enumerates the liver functions, and

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then considers especially the antitoxic function. The liver eliminates urea; it undertakes the sulphoconjugation of the phenols; it transforms alkaloids and renders them non-poisonous; it has a depuratory rôle, eliminating metallic poisons and coloring matters; it removes toxins and insoluble substances; and its cells have greater phagocytic powers than the leucocytes. The treatment of autointoxication is one of the modern problems. First comes flushing out of the intestines by calomel and magnesium sulphate. The biliary secretion must then be stimulated, and the best stimulant is sodium glycocholate mass. Diet should be as small as possible, milk being the best antiseptic. Small amounts of proteids and larger ones of well cooked carbohydrates are the best. Brewer's yeast in the form of cheese or weissbier is a good antiseptic.—*Medical Record.*

THE PROBLEM OF INFANT FEEDING.—O. Heubner, of Berlin, considers the nursing of the child by the mother of prime importance, rendering it the duty of every physician to insist on lactation except in tuberculosis. Lactation is especially necessary during the first month of life. Even if the breasts do not yield enough milk at first the supply may be increased by suckling and by improved nutrition for the mother. Fissures should be painted with weak solution of silver nitrate and nursing continued. Additional food may be given the child once a day. In premature births hire a wet nurse and let her strong child nurse the other mother, while her milk is drawn for the premature child. Or draw the milk with a breast pump and feed the child with it.—*Medical Record.*

A TOAST TO LAUGHTER.—Here's to laughter, the sunshine of the soul, the happiness of the heart, the leaven of youth, the privilege of purity, the echo of innocence, the treasure of the humble, the wealth of the poor, the bead of the cup of pleasure; it dispels dejection, banishes blues, and mangles melancholy; for it is the foe of woe, the destroyer of depression, the enemy of grief; it is what kings envy peasants, plutocrats envy the poor, the guilty envy the innocent; it's the sheen on the silver of smiles, the ripple on the water's delight, the glint of the gold of gladness; without it humor would be dumb, wit would wither, dimples would disappear, and smiles would shrivel, for it's the glow of a clean conscience, the voice of a pure soul, the birth-cry of mirth, the swan-song of sadness: Laughter.—(Author unknown.)

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EXCLUSIVE PRIVILEGE.—The late General Shafter used to enjoy telling how, during the Civil War, several wounded officers and a few privates were going up the valley of Virginia, when a rain came on, forcing all hands to take refuge all night in a schoolhouse.

It chanced that during the night a skunk had found its way under the floor, and by and by had announced its presence after its well-known effective manner.

The officers all waked up, but, being gentlemen and each supposing that the others were still asleep, they kept silent. At last one of the privates, a German, could restrain himself no longer.

"Mein Gott!" he exclaimed. "Dis is awful! Dey shleeps und I vakes, und I half got to shmell it all!"—*September Lippincott's.*

REINFECTION WITH SYPHILIS.—James Brew, of Nashville, describes a case seen by himself and treated at various times by two reputable physicians, in which there was every reason to believe that syphilis had existed and been cured and a reinfection had occurred. Most syphilographers at the present day agree in saying that such a cure and reinfection are possible, although rare. The patient described was treated carefully for an undoubted attack of syphilis, from which he recovered and remained without any syphilitic manifestations for fifteen years. He was then treated for a hard chancre followed by a macular eruption and sore throat. Marrying then, a syphilitic child was born to the couple, although the mother showed no evidences of ever having had the disease. The manifestations of the second attack could not have been tertiary in their nature.—*Medical Record.*

REMARKS ON THE TREATMENT OF DISEASE AND SO-CALLED AUTHORITIES.—Geo. H. Butler, of Chicago, believes that we have come to attach too great importance to diagnosis and too little to the prevention and cure of disease, which are the physician's highest duties. It is rarely possible to destroy the cause of disease, but we can counterbalance the primary effects. We must treat the patient primarily. Symptomatic therapeutics cure a portion of the disease and prevent morbid phenomena, aggravations, and complications. By drugs we can give the blood its normal condition, and in the excretion of poisons, antagonize toxic matters, limit inflammations, increase secretion, produce sedative effects, and change vascular tension. Self-constituted authorities, perhaps less competent than general practitioners, oppose advances in therapeutics.

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We should take advantage of every new scientific method produced that is found of value.—*Medical Record.*

Venereal Prophylaxis—A Problem in Social Hygiene.—Roswell S. Wilcox, of New York, says that infinite tact, patience, and perseverance will be necessary to check the progress of venereal disease. The best method of prevention is the education of the public, man, woman, and child, to a proper knowledge of the sexual functions, their use and abuse. They must be taught that sexual continence is not harmful, but beneficial. The parents must be educated, and must educate the child, as soon as it begins to ask questions, teaching by comparison to natural processes in the vegetable world. The school may also teach. The French system of regulation of prostitutes is considered to be a failure. The public must learn that the stoppage of the visible discharge in gonorrhea is not a sign of cure, that latent gonorrhea is the most dangerous, and that this is a severe and dangerous disease, also that syphilis is curable, may be innocently acquired, and if untreated will infect the offspring.—*Medical Record.*

Ophthalmia of the Newly-Born.—J. Clifton Edgar, of New York, says that the most important cause of blindness is an infection at the time of birth, in most cases due to the gonococcus. It is important because so common, because preventible, and because causing blindness at so early an age. It may be prevented by the use of some harmless solution that shall wash away any possible microbes from the eyes immediately after birth. Experiments were instituted by the author in maternity wards to ascertain the best solution for this purpose. He concludes that silver nitrate solution, 0.05 per cent, when applied to the gonococcus for fifteen seconds or longer, is germicidal to the organism. The solution may be simply instilled into the eye without neutralization. Such solutions do not produce any silver catarrh, even without neutralization. Two per cent solution doses cause silver catarrh in 25 per cent of cases, and should be neutralized. The author believes that a law could with benefit be enacted making such use of a solution obligatory on midwives and physicians.—*Medical Record.*

Primary Dysmenorrhea.—Maude Glasgow, of New York, notes the presence in city-bred women of disturbance connected with menstruation, without any lesions of the genital organs, which

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she refers to the sedentary life they lead, without out-of-door air or proper exercise. Toxic substances absorbed into the circulation account for menstrual fever sometimes noted. The chief complaint is of headache, nervous symptoms, and pain before and accompanying the flow. The cause is lowered vitality, or deficient strength and tone of the uterus. Mental effort at school alone will not cause this condition, but combined with indoor life and lack of air and exercise, it will bring it about. Shop girls, with their constant confinement, either standing all day or sitting all the time, will also have these symptoms. Prophylaxis should begin in childhood. Rest in bed at the period is unnecessary, but unusual exertion should not be taken. Wet feet and skirts should be avoided. The bowels should be kept regular. In the intermenstrual period hot douches, exercise, nutritious food and tonics are advisable. Hydrastis and nux vomica render good service.—*Medical Record.*

Dr. Smith offered through the journal of the American Statistical Association returns as to the marriages of 332 women college graduates, and 389 of their sisters, cousins and friends, also married, who did not go to college. The comparisons affected young women of the same families, social relations and position.

It was shown indeed that the college-bred women married two years later, the non-college being married on the average at 24-3 years and the college at 26-3; but this varied little from the average of the community, however, which was 26-4 years in England and 25-4 in Massachusetts.

As the non-college women married earlier they had a slightly larger number of children, but a larger share of the college mothers bore boys and births were more frequent in proportion to their years of married life. The children of college-bred mothers averaged slightly better in health.

Some suggestions of a lessened sentimentality goes with the general charges made by Dr. Hall. To this there is no better response than the frank reply of a Vassar student to a question as to how college girls talk about love and marriage. "I do not think," said she, "that we are very different from other girls. College does not change us much that way."—*New York World.*

J. S. Abbott, professor of physics and chemistry in the Dallas High School, and professor of chemistry in the Southwestern Medical College, was appointed by Governor Campbell to be Dairy and

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Food Commissioner, under the pure food law enacted by the Thirtieth Legislature.

The appointment is effective at once. Mr. Abbott's headquarters will be at the College of Industrial Arts at Denton. The salary of the office is $2000, and he is allowed a deputy at $1200 a year, and a stenographer at $600. It will be his duty to investigate reports of violations of the pure food law.

Mr. Abbott is a graduate of the University of Mississippi. He took a post-graduate course in chemistry and bacteriology in the University of Chicago. He has taught school at Longview, San Angelo and Cameron. For the last three years he has been a teacher in the Dallas schools. The appointment leaves vacant both places filled by Mr. Abbott in Dallas.

Mr. Abbott said last night that he will not tender his resignation to the Board of Education until he has had a conference with Governor Campbell. He expects to go to Austin to see the Governor within the next few days. For the positions of deputy and stenographer in his office he said he has nobody in view. It is his opinion that the Board of Education will not be many days in finding a competent physicist and chemist to take his place in the high school.

THE Everett (Washington) Anti-Tuberculosis Association passed a resolution on July 9 calling upon the police department to enforce the anti-expectoration ordinance. In the event of the failure of the police department to enforce the ordinance the association promises to cause the arrest of the offenders. The ordinance in question prohibits expectoration on sidewalks or on the floors in halls and other public buildings.

* * *

FLOATING camps for consumptives—that is New York's latest plan for giving relief to its vast army of sufferers. Old ferry boats, which have passed the stage of usefulness as common carriers, will be converted into floating camps for the sick. With a trained nurse in charge, a regular visiting staff of physicians, an abundance of milk and eggs, and deck chairs and hammocks in which to sit out of doors and watching the passing craft, fifty men and women are keeping cool and trying to get back their health and strength.

* * *

TENNESSEE'S penitentiary will have a tuberculosis hospital. For many years it has been apparent that there should be a separate hospital for the tuberculosis patients at the State prison, and Prison

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Physician Head has repeatedly recommended such an institution. The matter has been forcibly brought to the attention of the board within the past few days and it was finally decided to delay the matter no longer, but to begin at once the construction of the building. It is proposed to erect the building within the walls of the prison.—*Lancet-Clinic.*

Abstracts and Selections.

To Prevent Contamination of Milk.

C. H. Alvord, professor of agriculture and in charge of the dairy at the Agricultural and Mechanical College of Texas, gives out the following information on the vitally important subject of preventing contamination of milk:

In view of the recent agitation in various Texas cities regarding the subject of impure and adulterated milk, a few elementary facts concerning milk and the proper methods of handling it may be of some value in bringing the health authorities, the dairymen and the consumers into a more rational understanding with one another. This agitation will undoubtedly result in some good to all concerned. It has unquestionably worked hardships on some innocent parties, both in the producing and consuming class. The dairymen are interested in producing a high quality of milk and delivering the same to the customers in good condition, but their responsibility ends when the milk has been left at the patron's door, but frequently they are unjustly condemned for the condition of this milk several hours later, which may be very different from what it was when delivered.

Milk is a food made up of highly organized compounds of an organic nature, which are easily digestible and are readily attacked and broken down by the action of bacteria which cause fermentation. The important constituents of milk are water, casein, albumen, fat and the milk sugar. A healthy cow produces milk that is pure and wholesome, and the bacteria which cause fermentation, souring and other changes in milk are for the most part introduced into the milk after it has been drawn from the cow's udder. These bacteria, or microbes, or germs, as they are sometimes called, are more or less prevalent everywhere. They are found in the air, in water, food, in manure, in dust from the hay, and also on the milker's clothes and hands, and on the body of the

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cow. The greater majority of these are harmless in their nature and are absolutely essential in the process of nature. There are other classes of bacteria, not very common, which are the causes of various diseases, such as diphtheria, typhoid fever and others of a similar nature. Bacteria are small living organisms which depend for their existence upon food and moisture and exist and grow in favorable temperatures. Milk is a very favorable food for the bacteria and they grow in it with great rapidity. The temperature that is favorable for one kind of bacteria, however, may be unfavorable for another. The great majority of bacteria or germs are killed at a temperature of 165 degrees, but others are more hardy and will withstand a temperature almost at the boiling point. The lactic acid bacteria, which is the one that is always found in milk, multiply very rapidly at a temperature ranging from 70 to 100 degrees. They are killed at 160 and become inactive at a temperature below 50 degrees. These bacteria are in no way unhealthful, as is evidenced by the fact that sour clabber is considered very healthful diet in warm climates, though it contains millions of lactic acid bacteria. It is very desirable, however, that milk for table use should contain as small a number of these bacteria as possible, and it is especially desirable that there be no disease-producing bacteria of any kind in milk that is used for human food.

Health officers and others who have control of the milk supply of cities should learn to deferentiate bacteria, such as the lactic acid germ, which are always found in normal milk, and the pathogenic or disease-producing bacteria, which should never be present in milk that is used for human food. One million lactic acid bacteria might assist in producing good digestion, whereas a single typhoid fever germ introduced into the system might multiply and produce death.

Milk can be produced in this climate and handled in such a manner as to keep sweet and wholesome for twenty-four to thirty-six hours, but it should not be kept longer than twenty-four hours unless absolutely necessary, especially at this season of the year.

Some essentials in producing pure milk may be mentioned as follows:

Healthy Cows.—A dairyman should keep no animals in his herd that show outward signs of disease or unhealthy condition. I am inclined to believe that tuberculosis is very rare among the dairy cows of Texas on account of the large proportion of them that live in the open air.

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Clean Stables.—The most sanitary place to milk a cow is in the open pasture, but for the convenience of feeding and handling a large number it is necessary to have a yard and sheds or a barn in which to milk. This building should be kept absolutely clean and well lighted. The ceiling and walls should be whitewashed at least twice a year, and the floors should be sprinkled before milking. The feed boxes should be kept clean and no rotten or musty feed should be kept around the stable. Air slacked lime freely used around the floors and gutters has a very wholesome effect on the sanitary condition of the barn.

Care of the Cows.—The health of the cow depends upon good, wholesome food and plenty of pure drinking water. It is advisable to brush the cow's udder and wipe it with a damp cloth before milking. If a cow is curried this should be done after the milk hase been removed from the stable. If the cows are confined in the stable over night some dry straw or leaves or sawdust should be provided as a bedding, but whenever possible the cows should be turned in an open lot rather than kept confined in the stable. An open shed with a yard on the south side makes a very good place for dairy cows during the night when it is impossible to turn them in the pasture.

Milking.—Milkers should be particular to keep themselves clean and should milk with dry hands. The milk buckets should never be set on the floor, and milk that is uncleanly or not perfectly normal should be discarded. Gargety milk or bloody milk should never be used for human food.

Care of Milk.—Milk should be carried from the stable as soon as it is milked and strained into clean cans. The best strainer is about three thicknesses of cheese cloth placed in an ordinary tin strainer with a wire gauze botton. The milk cans should be placed in cool water and the milk stirred with a long-handled dipper to cool it as rapidly as possible. This stirring will also allow the animal odors to escape. This early rapid cooling of the milk is the essential feature in keeping milk sweet a long time, as it retards the growth of the bacteria which may have fallen into the milk during the process of milking. It is desirable to change the water around the cans two or three times if possible.

Care of the Milk Utensils.—Cleanliness is one of the prime essentials in successful dairying, and no person who handles milk can be too cleanly in his personal habits or in the care of the utensils used about the dairy. Milk cans, buckets and strainers should be rinsed immediately after using in cold water, then washed thoroughly in hot water in which some washing soda has been dissolved,

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and then thoroughly rinsed in very hot water and allowed to dry without wiping. No cloths or soap should be used in washing dairy utensils, but what scrubbing is necessary should be done with a small fiber scrub brush. After being washed in the morning, the cans and buckets should be placed in the sun during the day.

If milk is handled under the conditions mentioned above and is kept reasonably cool, it can be delivered in good condition to the consumer. The cans or bottles used, and the wagon should always be kept in especially good condition. The dairyman should pride himself on presenting an outfit that is neat and clean in appearance.

A Word to the Consumer.—The care of the milk after it is delivered at the door of the consumer oftentimes has as much to do with its condition when it reaches his table as the manner in which it is delivered and its condition before it is delivered. The receptacle in which the milk is to be placed should be cleansed in the same manner as suggested above for milk cans and buckets which are used in the dairy. If a can is placed out of doors in the evening with the expectation of having it filled in the morning it should always be provided with a loose cover and it should be taken into the house and placed in the refrigerator or in a cool place as soon as the milk has been placed in it. If it is allowed to stand in the sun for an hour its temperature will rise very rapidly and it will take much longer to reduce it to the temperature at which it was when the milkman delivered it than it did for it to rise. The growth of the bacteria is especially rapid in milk that has been cooled and then allowed to become warm. If milk is delivered to consumers in bottles, the bottles as soon as the milk is removed should be filled with cold water, which should be left in them for some length of time to remove any odors which may have been left in the bottle by the milk. They should then be thoroughly washed in hot water containing cleansing soda and rinsed in very hot water and then turned upside down to dry. The dairyman who uses bottles for delivering milk will appreciate this effort on the part of the customer to assist him in delivering a satisfactory product, but no dairyman who is delivering milk in bottles should depend on the washing given the bottles in the homes of the customers, but should provide himself with a washing outfit and facilities for thoroughly cleansing and sterilizing every bottle which he uses in his milk trade. It is not uncommon to find milk bottles being used in the kitchen for storing almost every conceivable kind of liquid from gasoline to vinegar. No dairyman can

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afford to risk his reputation as a producer of clean, pure milk by using bottles which he has not thoroughly cleaned and sterilized at home.

Expensive barns and stables are not necessary to produce clean milk, but cleanliness in the barn, yards and dairy room is an absolute necessity, and if due precaution in this regard is taken it will never be found necessary for the dairyman to use any kind of preservative.

There should be a spirit of friendliness between the health officers and the dairymen and a better understanding of the peculiar conditions surrounding this business. Some dairymen would prefer to sell their cows and quit the business rather than to submit to the arbitrary rules laid down by some health officers, who have no practical knowledge of the business, but have relied entirely upon the theories advanced by others who were very little better informed on this question.

Milk producing is a business in which men engage for the profit that they may derive from it. Labor and feed are both costing 25 per cent more than they did a few years ago and land is increasing rapidly in value, entailing additional burdens of taxation and rents, so that the dairyman must demand better prices for his product if he is to realize a reasonable profit on his investment. Consumers should appreciate the fact that labor and attention necessary to produce a high quality of milk makes the product cost more, and they should be willing to pay the producer in proportion.

New Cure for Hiccough.

She was a bashful young thing (I said she was a bashful young thing!), and the moment she clapped her eyes on John she exclaimed to herself the maidenly equivalent of "John for me!" and at once began to use those wits of hers which dwelt beneath her pompadour.

So let us look at her and then at John.

She weighed 95 pounds. John's fighting weight was 170.

She measured 19 inches around the waist. John measured 43.

She had a dimpled chin and eyes most innocent. John had a bull neck and the look of one who knows every trick in the deck, to say nothing of those up his sleeve.

She wanted to marry and settle down. John didn't.

Such are the gladiators as they stand in the arena before you, and if all bets are down then let the bell ring, for here is mortal combat to be waged.

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John called one evening. She had been making ice cream that afternoon, and John had a plate of ice cream and a dish of lady fingers.

Thus put upon his hospitality, John called again, bringing a box of candy this time, and as she ate her third caramel she caught the hiccups.

"I hope it wasn't the candy," said John.

"Hic-cup" said she.

"Nine sips of water—" began John.

"Hic-cup!" said she.

"Shall I fetch a glass?"

"Hic-cup!" said she.

John fetched her a glass of water.

"There!" said John, after she had taken her nine sips. "That'll cure—"

"Hic-cup!" said she. "Oh, dear! Perhaps I didn't count them right."

She took nine sips more, meanwhile looking at John over the edge of the glass so admiringly, so helplessly, so beseechingly, that John asked, with a quaver in his voice:

"Better?"

"Hic-cup!" said she. "Oh, dear!"

"Sometimes," said John, "a cold key—"

"Hic-cup!" said she.

"—put down the back—"

"There's one in the front door—hic-cup!" said she.

John ran for the key.

"No, no" she cried. "It—it might slip down."

"I'll tie a string to it," said John.

"Hic-cup!" said she.

And John tied a string to it, and as she leaned forward, with a helpless feminine trust in him, John tenderly slipped the key down her back and held the string.

"Better" asked John.

'Hic-cup!" said she. "Tee-hee! Hic-cup!"

And she looked at him in such an infectious way that John sniggered, too, and the more she hiccupped the more John laughed, and the more John laughed the more she hiccupped, until he was brought back to his senses by noticing that she began to look as though it hurt her.

"After all," said John, "it is no laughing matter."

"Hic-cup!" said she.

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"I've read of cases," said John, "where folks have had them right straight along for a—"

"Hic-cup!" said she.

"—and even the doctors couldn't help them."

She sighed and gave John a look that was all eyes.

"There must be some way," said John.

"Hic-cup!" said she.

"Sometimes," said John, "a sudden shock—"

"Hic-cup! Hic-cup!" said she.

Whereupon John suddenly looked at her, pulled a face and, shaking his finger at her, cried:

"Boo!"

"Hic-cup!" said she.

"Boo! Boo!" exclaimed John.

"Hic-cup!" said she.

They had a good laugh together, but this did not prevent her looking at John so coyly that he drew a deep breath, sat down on the sofa beside her and said:

"Look out now! I'm going to shock you!"

"Hic-cup!" said she.

John took her hand and slapped it between his palms.

"Hic-cup!" said she.

John gave her hand a squeeze.

"Hic-cup!" said she.

And as John persevered in his effort to shock her by squeezing her hand I will tell you how she hiccupped at him.

She hiccupped shyly.

She hiccupped fondly.

And she hiccupped so demurely that John's heart pit-a-patted like a little lamb's tail.

She hiccupped invitingly.

She hiccupped bashfully.

And she hiccupped with a look at John stolen from the corners of her eyes.

She hiccupped softly.

She hiccupped daringly.

And she hiccupped so tenderly and lovingly that John said:

"Now look out! This is the time I am going to shock you!"

"Hic-cup!" said she. "Hic-cup! Hic-cup!"

And (oh, pshaw!) John kissed her.

"Why, John!" she cried.

"Well," demanded John, "who's got a better right?"

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"Why, John!" she breathed.
And sweetly, soulfully, blushingly.
"Hic-cup!" said she.—*Ex.*

Itching.

L. D. Bulkley, New York City, thoroughly discusses the various forms and causes of itching and their treatment. He divides the causes into three general categories: 1. External; 2, idiopathic, and 3, constitutional. The external causes are divided by him into two groups, miscellaneous and parastic, the first including itching from mechanical, toxic and climatic causes. Under idiopathic causes he recognizes two groups, the neurotic, including reflex and functional, and senile causes. The constitutional are divided also into two groups, the autotoxic, acute and chronic, and the dermato-pathologic causes. Each of these is illustrated by types mentioned. As specially calling for notice, may be mentioned his remarks on reflex itching induced by pruritus in other parts of the body and thus complicating itching from other causes, mechanical, parasitic, etc., and the opinion expressed by the author that dermatitis herpetiformis should be classed among the neurotic conditions as being due to some derangement of the cord or the conducting nerves. Senile pruritus, he says, stands alone, as a condition probably due to alterations in nerve structure in common with other degenerations belonging to old age. Urticaria is given as the type of autotoxic forms of itching, and most of the cases falling into the dermato-pathologic group are included in a comparatively few diseases, eczema, erythema multiforme, lichen, dysidrosis and prurigo. Most of the cases called prurigo occurring in this country, however, are, he says, chronic papular urticaria. Careful observation of the cause of pruritus is due in all cases; it is nature's signal that something is wrong, either with the skin itself or elsewhere, and this must be sought and discovered. The reasons why pruritus is so often worst at night are given by Bulkley as the natural nerve exhaustion and consequent greater irritability at the close of the day, the greater loading of the blood at that time with the products of catabolism, the abeyance of the higher cerebral functions and external irritation, as from the cold in undressing followed by warmth in bed, etc. The treatment of itching is a large subject. The constitutional measures, when applicable, are both dietetic and medicinal, lowered general and nervous conditions predispose the

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skin, as well as the other organs to disease. This is especially true in neurotic cases. Analgesic internal treatment is often of service, but is often greatly misused. Opium and morphine are worse than useless and aggravate the condition; some of the coal-tar preparations have been recommended and may sometimes be of value, but they should be employed with very great caution. Among other internal remedies mentioned are cannabis indica, which is often of value when used judiciously, and chloral and bromide in combination with a little aconite added, and gelsemium, with which, however, he had once unpleasant effects. The hygienic treatment of the skin is important, and Bulkley thinks that the better class of patients are often liable to err in the direction of too much bathing. Woolen underclothing is generally best, and restraint from scratching is very important. Of medicinal local remedies, carbolic acid is pre-eminent and is a very valuable remedy when rightly employed. A number of other local remedies are mentioned and some formulas are given.—*Journal A. M. A.*

Vaccination.

The school board of Austin has adopted permanent regulations as proposed by the board of health of the city, requiring that all pupils and employes of the schools shall be vaccinated before the beginning of each annual session of the schools, or else present satisfactory evidence of having been vaccinated within the five preceding years. The following resolution and rules were adopted by the trustees:

The fact that smallpox exists in Texas practically all the year, and that the public schools are more or less exposed to it from time to time, render it proper that some permanent regulation be adopted for protection against the disease at all times. As the public schools are regarded as the potent agency in the spread of the disease, the board cheerfully complies with the suggestions of the board of health in taking the precautionary measures in vogue in the leading cities of the United States.

These rules embrace the main features of rules on vaccination in Boston, Providence, New York, Philadelphia, Atlanta, New Orleans, Louisville, St. Louis, Chicago, San Francisco and other cities in the United States, and are advised and approved by the board of health of Austin:

First—Before the beginning of each annual session of the schools

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and before the entrance of any pupil into the schools at any time during the session, all regular employes and pupils shall present to the school board satisfactory evidence of having been successfully vaccinated within five years next preceding the beginning of said session.

Second—In lieu of evidence of such successful vaccination said employes and said pupils may present other evidence of the necessary precaution for protection against smallpox, of the sufficiency of which the city board of health shall judge.

Third—If any employe or pupil is deemed unfit for vaccination, or presents evidence that vaccination will prove dangerous to his or her health, the action of the board in such cases shall be governed by the decision of the city board of health.

Fourth—Whenever any employe or pupil is deemed unfit for vaccination, or it is decided that vaccination will prove dangerous to the health of such employe or pupil, such employe or pupil shall not be excluded from school, unless smallpox actually exists in the city, or unless, in the judgment of the board of health, there is immediate danger of the spread of such disease in the city.

Fifth—The term employe as used embraces the superintendent, principals, regular and special teachers and all other regular employes of the schools, and in the case of janitors residing on the school grounds or immediately adjacent thereto, it shall embrace the families of such janitors.

Academy of Science.

Doctors of Dallas county have invited the scientific professions of the city and county to unite in a movement to establish the Dallas Academy of Science. Doctors belonging to the Dallas County Medical Society met last night in the office of Dr. J. M. Smart in the North Texas Building. The session was a called one, but well attended, and the proceedings were full of interest. After the transaction of routine business the special committee reported its plans, and these were discussed. Finally the whole matter was left in the hands of the committee for further working out and for more detailed report to be made at a later called meeting.

The plan of the proposed organization is to include the reputable practitioners in medicine, in law, in pharmacy, in dentistry, and from the lay walks of life. A home will be secured and in there will be certain club privileges and accommodations for social life.

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There will be a library, as large as it can be made from the beginning by a steady growth. There will be the latest literature of the several professions, all of a professional or scientific kind, just such as every practitioner would like to have, but more complete than any one of them could have in a private library.

In time museum features will be prepared and the quarters adapted for full work in the study of any case a member may desire to probe into more fully. A large amount of favorable interest was manifested and it was reported by the committee there is a considerable general interest.

"It is recognized," Dr. Cary said, "that the movement is full of beneficial features for every man in Dallas. It means more enlightened analysis of difficult cases. It means a fellowship among the men of the professions and chosen men from other lines of activity. It will equip all of the members in a manner none could hope to acquire alone."

The committee will look into the matter of membership as well as into the plans for organization and the conduct of the association. It will be formally organized at a later meeting.

On the committee are Drs. Edward H. Carey, R. W. Baird, John H. Dean, J. B. Shelmire, W. W. Samuell, J. H. Reuss, W. D. Carnes, of Hutchins; S. P. Harben, of Richardson.

Mrs. E. L. Thompson, widow of the late Dr. Thompson, for many years a leader of the medical profession in Dallas, presented to the new movement the large medical library and scientific collection that was the property of her husband. It was accepted with the thanks of the society, and appropriate resolutions will be sent to the donor.

What Can be Done by Sanitation.

The science of sanitation is glorified by the experience of Panama. There used to be a time when Panama was distinguished as one of the pest holes of the world. For a white man to go there from the temperate zone was to incur the suspicion of being a fool or a desperado. And the prevalence of deadly diseases, together with the rate of mortality, made it seem a just judgment on anyone who went there. How different it is now is shown by the statement that the last case of yellow fever occurred in Panama in November, 1905, nearly two years ago, and by the further statement that there has been no quarantinable disease in more than a year. We are informed also that last July, in the very midst of the sea-

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son most productive of disease, out of 38,000 men at work on the canal zone only 1097 were ill. That would be a pretty good record anywhere; but when we remember that it is made at a place where the natural conditions of health are so unfavorable, and with men whose work tends to make them especially vulnerable to disease, the achievement deserves to be called wonderful.

The story of what has been done at Panama makes our negligence of sanitary measures at home more inexcusable. If we could entertain a doubt as to the worth of sanitary measures, we might be able to contemplate the filth we usually allow to accumulate around us with perhaps no more shame than would come from the reproach to our esthetic sensibilities. But when it is demonstrated as forcefully as it has been done at Panama that sanitation is a utilitarian matter of the highest importance, a matter relating not merely to the appearance of the community, but one affecting the lives of its inhabitants so gravely, then our failure to take the utmost sanitary precautions is an offense against good morals. If the death rate and the sick rate can be lowered so markedly at a place like Panama, where the natural conditions are so adverse, what would be the results of like efforts in Texas towns? Here the climate is salubrious, the natural conditions as notably good as at Panama they are notably bad. If we were to give the same attention to sanitary measures that has been given to them in Panama, our own health would be improved in as great degree as it has been at Panama. We aid and facilitate the work of disease.—*Dallas News.*

Sanitary Laws of the Texas Counties.

In answer to a communication sent for the purpose of securing a copy of the duties of county and city health officers, State Health Officer William M. Brumby writes as follows to County Health Officer J. E. Baldwin:

AUSTIN, TEXAS, September 4, 1907.

Dr. J. E. Baldwin, County Health Officer, Dallas, Texas.

DEAR DOCTOR: I am in receipt of your letter of the 12th ult., requesting me to send you a copy of a circular specifying the duties of county and city health officers. I beg to advise that I have not yet had the time to promulgate such rules and regulations, but intend doing so at the earliest time possible. In so far as the enforcement of the regulations governing the sanitation and disinfection of public buildings, it is the duty of every official to

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see that they are observed. According to a ruling of the Attorney General, all duties pertaining to such matters fall primarily on the county health officer and secondarily on the city health officer; therefore, in small towns where there is no city health officer the duty falls on the county health officer directly. If you could keep in touch with physicians in each city and town in your county and get them to report local conditions to you I think it would simplify matters very much. It is my desire to "prevent" rather than to "cure," and to this end I would certainly appreciate your hearty and persistent co-operation, and any time that I can be instrumental in benefiting your community in a sanitary way, and it is possible for me to do so, it will be a pleasure to me.

Thanking you for your assistance, I am,

W. M. BRUMBY,
State Health Officer.

Man May Become His Own Specialist When He Learns to Go to Sleep at Will.

The man who can do hard and effective brain work during the day and then go home, banish his cares, and take his ease, is a man to be envied. He is all too scarce. Witness the increase in the men one meets who are prematurely gray or bald or wrinkled. The man without a wrinkle is either a man without a care or one who has mastered the secret of working without worrying.

The late Chancellor Runyon, of New Jersey, one of the hardest worked men that ever sat on the bench of that State, was noted for the number of important cases he tried and the strong and permanent character of the decisions he rendered. Late every afternoon he went home and at once exchanged his shoes for a pair of comfortable old slippers. In referring to his habits, the chancellor was accustomed to remark:

"When I come home and take off my shoes, I at the same time take off all my cares and worries. When I put on my slippers, I slip on also a feeling of ease and comfort. I banish from my mind the cases that absorb me all day at the office or in the court room. I am ready to enjoy my library, to play a game of whist, or to entertain company, as the case may be."

That is where all the work-burdened men would like to get. It is a purely personal matter. The will must come in to assist the brain. Unless a man has abused his digestive functions and upset his nervous system, he can, in most instances, acquire what

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has been called the will habit. When he has learned to go to sleep and wants to go to sleep, to get the rest a sound sleep affords, he has won half the battle. With a reasonable amount of exercise to add to the sleep, the problem of working the brain and banishing the worry has been very largely solved. Not many visits from physicians, nor much medicine, will be required. The man will have become his own specialist.—*Lawrence S. Mott in July Lippincott's.*

Financial Brainstorms.

Don't be ashamed to take the money; you may need it.

Don't buy any more than three gold bricks; that's a big enough collection for any individual.

When you are hard pressed by your creditors, remember the debtors you are carrying on your books.

Get the habit. Mail statements monthly in the city, and at least every three months in the country.

To get the wherewithal for your fall vacation, send statements to all your families the first of next month.

If wealth were the criterion by which to gauge success in medicine, failure and medicine would be synonyms.

It is your duty to the public to attend calls for distress, but it is also your duty to your family to get pay therefor to avoid calls of distress.

Money is the root of all evil, but we must become philosophical enough to accept the evil of money with the good of service to our fellow-man.

The accounts you are carrying of some of your gilt-edge families may be as good as a bank account, but the money is not bearing interest for you.

Simple living and high thinking is most excellent, but we need the filthy lucre to make the appearance of great prosperity, or our practice "gangs aglee."

Financiers and oil merchants indulge in philanthropy after amassing a fortune; physicians never amass fortunes because they indulge in too much philanthropy.

Neither Gates, Harriman nor Rockefeller ever attempted to get a corner on mining stocks. Possibly they thought it impossible, as physicians buy them up too readily.—*Lancet-Clinic.*

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If We Knew.

Could we but draw the curtains
That surround each other's lives,
See the naked heart and spirit,
Know what spur the action gives,
We should love each other better.
Purer than we judge we should;
Often we should find it better,
If we only understood.

Could we judge all deeds by motives,
See the good and bad within,
Often we should love the sinner,
All the while we loathe the sin.
Could we know the powers working
To overthrow integrity,
We should judge each other's errors
With more patient charity.

If we knew the cares and trials,
Knew the efforts all in vain,
And the bitter disappointment,
Understand the loss and gain—
Would the grim, external roughness
Seem, I wonder, just the same?
Should we help where now we hinder?
Should we pity when we blame?

Ah, we judge each other harshly,
Knowing not life's hidden force;
Knowing not the fount of action
Is less turbid at its source,
Seeing not amid the evil
All the golden grains of good—
Oh, we'd love each other better
If we only understood.

—*Etoile Revoir.*

Medical Department, University of Texas.

Dr. Henry C. Haden, clinical professor in the study of the ear, nose and throat at the State Medical College, has resigned that position after a connection with the college lasting about six years,

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and will enter into private practice. His work in the college will be in the hands of Dr. Seth M. Morris, professor of chemistry. Dr. Haden has been absent from the city for about a year. Dr. James J. Terrill is to succeed Dr. A. E. Thayer as professor of pathology, Dr. Thayer having resigned some months ago. His title will be acting professor of pathology and bacteriology. About 137 students had matriculated at the college up to September 30. Of this number about 82 are new men. The college opens October 1 for the new session.

The Put-It-Offs.

My friend, have you heard of the town of Yawn,
On the banks of the river Slow,
Where blooms the Wait-awhile flower fair,
Where the Sometime-or-other scents the air,
And the soft Go-easys grow?

It lies in the valley of What's-the-use,
In the province of Let-her-slide.
That tired feeling is native there,
It's the home of the listless I-don't-care,
Where the Put-it-offs abide.

The Put-it-offs smile when asked to get busy,
And say they will do it tomorrow;
And they delay from day unto day,
Till death cycles up and takes them away,
And their families beg, steal or borrow.

—*Illinois Life Bulletin.*

Local Anesthesia in General Surgery.

J. F. Mitchell, Washington, D. C., gives his experience with local anesthesia in the larger surgical operations. It takes more time, but this is more than compensated for by the lessened danger of complications, shock, etc. He finds cocaine entirely satisfactory, and with the addition of adrenalin to block the blood stream, fear of cocaine poisoning is, he says, abolished. He has had tablets of cocaine and adrenalin prepared, containing cocaine hydrochloride 0.05 gram, and adrenalin 0.00016 gram. These are sterilized by dry heat for an hour on three successive days and can then be preserved indefinitely. By dissolving a tablet in sterile

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salt solution a perfectly fresh and isotonic solution is obtained. Only two strengths are needed, viz., a 1 per cent solution for nerve blocking and a 0.10 per cent for ordinary infiltration. No definite criterion can be laid down for the application of local anesthesia. In general it is available whenever the whole field of operation can be rendered anesthetic. It is less useful as a rule in children and hysterical persons, and in extensive dissections for malignant disease it is contraindicated. In his hospital cases Mitchell finds it used in a steadily increasing number of cases; during the first quarter of 1907 40 per cent of all operations were performed with cocaine alone, and an additional 12 per cent were assisted by a little chloroform or ether, making a total of about half of all cases operated on. These included amputation of limbs, wiring of fractures, excision of glands of neck and groin, excision of rib, trephining, osteotomy, thyroidectomy, excision of breast, excision of varicose veins of leg, perineal urethrotomy, suprapubic cystotomy, circumcision, excision of hemorrhoids and fistulæ, exploratory laparotomy, cholecystostomy, appendectomy, colostomy, typhoid perforation, radical cure of hernia, varicocele and hydrocele, and many minor procedures. In some of these, like thyroid operations, radical operation for inguinal and femoral hernia, and small umbilical hernias, and all the lesser operations for hemorrhoids, etc., it seems to be his routine method. An interesting experience has been in the observation of the sensibility of various tissues, and in general it has confirmed the findings of Lennander and Braun. The subcutaneous tissue and muscles show little sensitiveness so long as blood vessels, large nerves and connective tissue bundles are avoided. The periosteum is very sensitive, but if it is cocainized the underlying bone is insensitive. The viscera and visceral peritoneum have little feeling, but the parietal peritoneum is sensitive. Tension on the mesentary of the appendix causes nausea and pain referred to the epigastrium. In order to exclude the possibility of drug interference with the sensibility of the viscera and visceral peritoneum, Mitchell has used only physiologic salt solution in a few cases of abdominal exploration, omitting also the preliminary dose of morphine. Two facts were demonstrated: First, the importance of cocaine in however small proportion, in the anesthetizing solution, and, second, the marked contrast between the sensibility of the parietal and the visceral peritoneum. Two of these cases are reported.—*Journal A. M. A.*

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Good Advice.

Frederick C. Shattuck, before the graduating class in medicine of the Medical Department of Yale University (*Boston Med. and Surg. Jour.*), gave expression to some excellent advice in reference to the factors which contribute to the success of a physician. Some of it is trite, of course, and commonplace; but it is the trite which bears reiteration until it becomes part and parcel of our intellectual attainments. And if you deem that the repetition of the words about what are the elements of success is not for you, make way for another man who is less "cock-sure" of his mental possessions. The speaker laid stress on the following points:

1. You must know your business, possess a reasonable knowledge of your profession as a science.

2. Thoroughness. Form the habit of it from the start and deal with each case which comes to you as if were the only case in the world.

3. Common sense may for our purpose be defined as the power to arrange all the facts with an eye to perspective, with a sense of "values" which puts into the foreground those facts which are essential, properly groups those which are secondary, and rejects those which are irrelevant to the case in hand. It includes the power to see what is possible in any given case.

4. Character, though hard to define, is very real, and a very important factor in successful practice. It is elevated by the formation of high ideals and strengthened by the resolute pursuit of them, the surmounting of obstacles internal and external.

5. Enthusiasm and a genuine love for his profession, apart from its emoluments, is a quality of great value to the physician.

6. Next may come sympathy—the power of putting yourself in another's place and of realizing how he feels under given circumstances. A uniformly kind manner, especially if it be based on kindness of heart, counts for much.

7. Honesty of mind is not quite the same thing as common sense. Its essential feature is the power of seeing things just as they are without being blinded by either prejudice or personal interest. In the higher degree it is given to few. It is to be sharply differentiated from honesty of act, though when the two honesties are combined they are precious alike to the owner and his circle, be it large or small.

With the above qualities kept constantly under cultivation, good health and good habits, you are bound to succeed sooner or later, more or less rapidly.—*Lancet-Clinic.*

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A Few Remarkable Statements Occurring in Applications.

Mother died in infancy.

An uncle died of cancer on his mother's side.

Father went to bed feeling well, and the next morning woke up dead.

Grandfather died suddenly at the age of 103. Up to this time he bid fair to reach a ripe old age.

Applicant does not know anything about maternal posterity, except that they died at an advanced age.

Applicant does not know cause of mother's death, but states that she fully recovered from her last illness.

Applicant has never been fatally sick.

Father died suddenly; nothing serious.

Applicant's brother, who was an infant, died when he was a mere child.

Grandfather died from gun-shot wound, caused by an arrow, shot by an Indian.

Applicant's fraternal parents died when he was a child.

Mother's last illness was caused from chronic rheumatism, but she was cured before death.

The above are actual facts taken from applications in sovereign physician's office.—*The Southern Druggist.*

WARTS AND CORNS.—Arthur Evershed says that the best and most effective remedy for warts and corns is sea water. When sea bathing is not possible, warm foot baths of sea salt will take its place. If used daily, at the end of a fortnight the corns will peel off. Warts are treated by soaking the hands in warm sea water twice a day for ten minutes. Cauliflower warts on the scalp yield to a compress of sea water left on all night each night for two weeks.—*Cleveland Med. and Surg. Reporter.*

A Successful Campaign Against Criminal Abortion.

At the recent annual meeting of the Chicago Medical Society, Dr. Rudolph W. Holmes, chairman of the committee, reported that the work had been principally in the direction of securing the removal of advertisements of abortionists from the daily press. In this the committee has been remarkably successful, having brought

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about a condition which never obtained before. It has removed all criminal medical advertising from the Chicago newspapers. Three of the leading newspapers consented to this line of action after a presentation of the facts by the committee. The others complied only after being notified by the postal authorities that they must comply or have their papers excluded from the mail, the committee having furnished the government with proof that the advertisers were willing to perform abortions. The committee also rendered valuable service in the prosecution of criminal operators, with the result that at least two have been sent to the Joliet penitentiary, others have left the city, some are being prosecuted, and the others and the newspapers are being watched. The work of this committee shows what can be accomplished by fearless, conscientious men, who are working for the good of the people.—*Medical Record.*

AN EASY way to straighten out a probe that has been much bent and twisted is to roll it under the foot on an even floor.—*American Journal of Surgery.*

THE DEATH OF FIFTEEN FILIPINO PRISONERS at the Bilibid prison from mixing of cultures last November has been investigated by a committee of scientists, including a number of native Filipinos. They find that no one is responsible for the accident and especially exonerate Dr. R. P. Strong, a former surgeon of the United States army and now Director of the Biological Laboratory at Manila, who conducted the experiments. Press dispatches give no further details than were given at the time when the incident occurred. The explanation seems to be that attenuated plague cultures got mixed with cholera serum, with which the prisoners were inoculated for experimental purposes. The investigating committee recommends that a liberal provision be made by the Philippine Commission for the families of the deceased and also that great care be taken in the future to avoid a recurrence of similar accidents.—*Medical Notes and Queries.*

The Suggestive Post-Card.

Kraft-Ebing, who had abundant opportunity to study pathological sexuality, said that "criminal statistics prove the sad fact that sexual crimes are progressively increasing in our modern civilization." He believes that in no domain of criminal law is co-opera-

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tion of judge and medical experts so much to be desired as in that of sexual delinquencies. It is a fact, however, that only a small proportion of sexual crimes can be legally combated. It is the duty of everyone who has in his charge the education of the young to draw their attention away from the suggestive, the prurient; for it is a well-known fact that the sexual appetite is stimulated by an imagination which has been fed on suggestive pictures and conversation which young people see and hear daily.

One of the most pernicious in its effects is the modern post-card, the craze for which is of such recent growth. Pictures are presented which ought to bring the blush of shame to the most hardened countenance. The Society for the Prevention of Vice is attempting to curtail the sale of these cards; it seems impossible to prevent their exhibition and their sale altogther. The postal authorities could do more than any other agency to prevent these generators of iniquity and vice from circulating, but they seem disinclined, indifferent or afraid. So the appeal must be made to every physician, teacher and parent. The exaggerated tension of the nervous system is in itself a cause of the psycho-pathological conditions which surround us today. We must teach our youth that the foretastes and impulses that fill the heart about the period of puberty are beautifully designed to develop the individual and through him the race. We must eschew mawkish sentimentalism, and teach a sexual physiology freed from prudery and false modesty. Then lewd pictures will fill the mind of the young with horror; now they stimulate the imagination because of the fact that the unknown is always the more attractive.

Physicians can do much to further the cause of decency. Let them try.—*Lancet-Clinic.*

Books and Magazines.

MECHANICAL VIBRATION AND ITS THERAPEUTIC APPLICATION. By M. L. H. Arnold Snow, Professor of Mechanical Vibration Therapy in the New York School of Physical Therapeutics; Associate Editor of the *Journal of Advanced Therapeutics;* late Assistant in Electro-Therapeutics and Diseases of the Nervous System in the New York Post-Graduate Medical School, etc. By the Scientific Authors' Publishing Company, New York. Price, $2.50, prepaid.

It was the writer's pleasure to meet Drs. M. L. H. Arnold Snow and William Benham Snow in New York this summer, and to see some of the great work they are doing in the way of mechanical

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vibration and electro-therapeutic lines. We are glad to see the profession gradually awakening to the scientific uses of mechanical vibration and allied physical methods in the successful treatment of diseased conditions, and to no longer depend entirely upon the administration of large and varied quantities of nauseous drugs. By this assertion we would not have our readers believe we do not believe in the therapeutic uses of drugs, but rather to be understood as believing that in the successful management of a case entrusted to our care we should feel it to be our sacred duty to employ whatever plan of treatment that promises the most speedy and permanent recovery, irrespective of the beliefs or former teachings of the profession. It is by a proper understanding of massage, mechanical vibration, electro-therapeutics, etc., that the profession will be enabled to produce the most successful results in their work, but in addition they will never have the charlatan or quack to point to some case cured by them and who was not benefited by the regular physician. This condition oftentimes is brought about by a lack of knowledge on the part of the profession, in references to these advanced plans of treatment, which are as scientific and well established as the use of drugs, if but properly understood and applied.

We have become very much interested in the work before us on mechanical vibration, and the subject matter is presented in a most interesting manner by Dr. Arnold Snow.

The brief contents, as subdivided, are as follows:

History and Development of Mechanical Vibration Therapy; Mechanical Vibration Apparatus; Systems of Vibration Therapy and Methods with a Few Vibrators; the Procedures of Mechanical Vibration; General Physiological Effects of Mechanical Vibration; the Relation of Mechanical Vibration to the Circulatory System; Vibration in Relation to the Muscular System; Relation of Mechanical Vibration to the Nervous System; the Therapeutic Application of Mechanical Vibration to the Nervous System; Relation of Vibration to the Digestive System; Tables Useful in Mechanical Vibration Treatment; the Action of Groups of Muscles, Their Origin, Insertion and Nerve Supply.

The trouble with the profession at large is they have oftentimes been persuaded to buy some form of vibration apparatus from some manufacturer or enterprising salesman, but they have never bought any work giving a plain explanation of its scientific uses. As a result its use in the hands of the average physician has not been good or at least nothing like as successful as the person who un-

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derstands the question of vibration and uses it scientifically can get. There was an old belief that the bark from a certain tree pulled down acted as a purgative and skinned up was an emetic. This is almost true in vibration or electro-therapeutics; used one way you get a soothing and pain-relieving effect and in another a stimulation and awakening effect. The best advice in reference to the use of these advanced plans of treatment is: "Drink deep, or taste not the Pierian Spring."

We acknowledge receipt of the following reprints from Dr. Wm. Benham Snow: A Non-Operative Method of Treating Prostatitis, the Past, Present and Future of Physical Therapeutics; High Potential Currents and Currents of High Frequency; the Employment of Static Electricity in the Treatment of Nervous Diseases; the Effects of Electro-Static Modalities Upon Hyperemia and Pain; and Means and Modes in Radiography. Also a reprint entitled Static Electricity in the Treatment of Pelvic Conditions, by M. L. H. Arnold Snow.

CURRENTS OF HIGH POTENTIAL, OF HIGH AND OTHER FREQUENCIES. By William Benham Snow, M. D., Author of "A Manual of Electro-Static Modes of Application, Therapeutics, Radiography"; Professor of Electro-Therapeutics and Radiography in the new Nork School of Physical Therapeutics, and late Instructor in Electro-Therapeutics in the New York Post-Graduate School, etc. New York: Scientific Authors' Publishing Company. Price, $2.50, net.

This work is a practical one and handles the question in a scientific manner. The Currents of High Frequency are but little understood by a large percentage of the men today who are doing electro-therapeutic work. The author starts out with a consideration of the Relative Frequency. The Static Wave-Current, Principles of Action and Therapeutic Indications follows. A chapter is given over to the Static Induced Current, followed by a chapter on Disruptive Discharges, Sparks. Much space is given to a discussion of the Convective Discharges or Effluvia; the High-Potential Currents with Vacuum Tubes; the High-Frequency Currents by Autoconduction and Autocondensation Methods; the Physical Effects of the High-Potential Currents are freely discussed. Chapter 9 refers to the General Principles Governing the Therapeutic Application of High-Potential Currents. Then follows a brief reference with illustrations of the electrodes and methods of applica-

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tion of these various forms of current in their respective therapeutic suses. Surgical conditions are first discussed, then the Diseases of the Glands and Other Internal Conditions, followed by their application in Nervous Diseases, and their application to the treatment of Diseases of the Rectum, Sigmoid and Genito-Urinary Apparatus. The next chapter is devoted to a discussion of the application of the High-Potential Currents to Gynecology. The closing chapters of this interesting work are devoted to, first, Electro-Therapeutical Treatment of Diseases of the Ear, Nose, Throat and Eyes, and finally their uses in the treatment of Skin Diseases.

This work is worthy a place in the library of every physician who attempts the use of electricity in his practice.

A MANUAL OF ELECTRO-STATIC MODES OF APPLICATION, THERAPEUTICS, RADIOTHERAPY.—Third edition. By William Benham Snow, M. D., Professor of Electro-Therapeutics and Radiotherapy in the New York School of Physical Therapeutics, and late Instructor in Electro-Therapeutics in the New York Post-Graduate School, etc. New York: A. L. Chatterton & Company. Price, $3.

This work, by Dr. William Benham Snow, is intended to furnish the practical information for use by the practitioner who is inexperienced or who has not the well-trained mind for electro-therapeutics, but who seeks more knowledge and desires a publication that will give him the practical information in a manner he is able to grasp it and be able to surmount the difficulties which beset him as he enters this mysterious field of electro-therapy. One which performs almost miracles, if well understood and intelligently used, and yet fraught with much danger if wrongly used. This work before us is practical and written in an interesting style. The author does not take it for granted that the reader has been trained in chemistry and physics in some great university and then has attended some electro-therapeutic school, but he gets down on a common ground with the reader and makes him understand as he goes.

Space will not permit a complete review of the work, but suffice to say that Dr. Snow's reputation as a teacher and clinician in this work is a sufficient guarantee as to the reliability of the statements contained therein.

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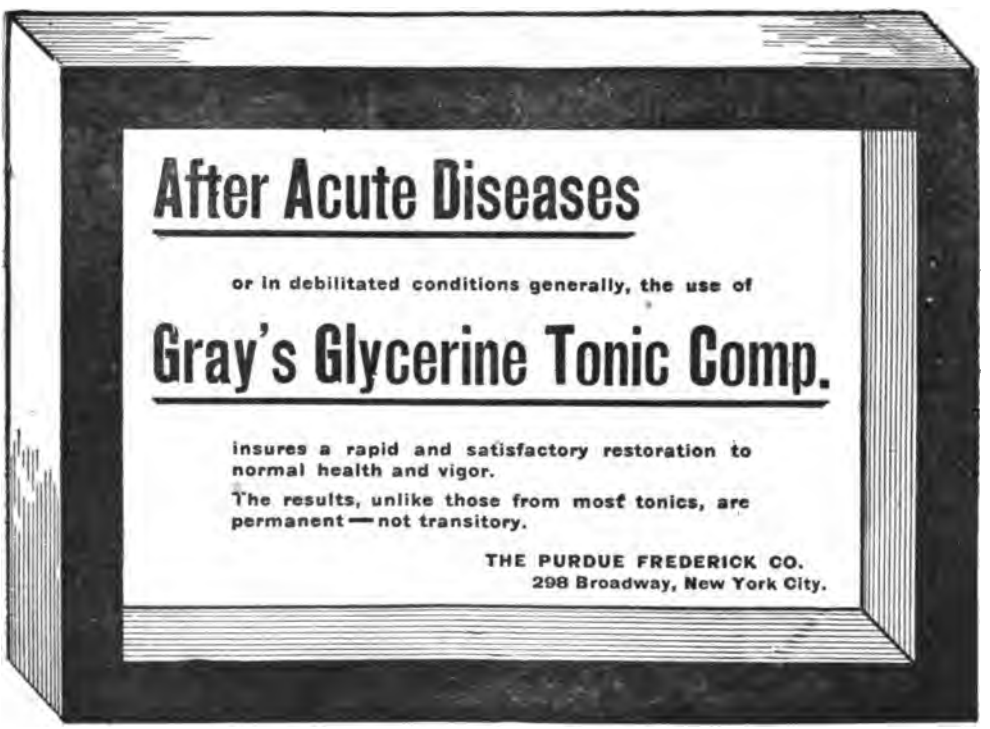
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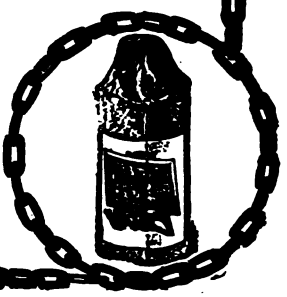

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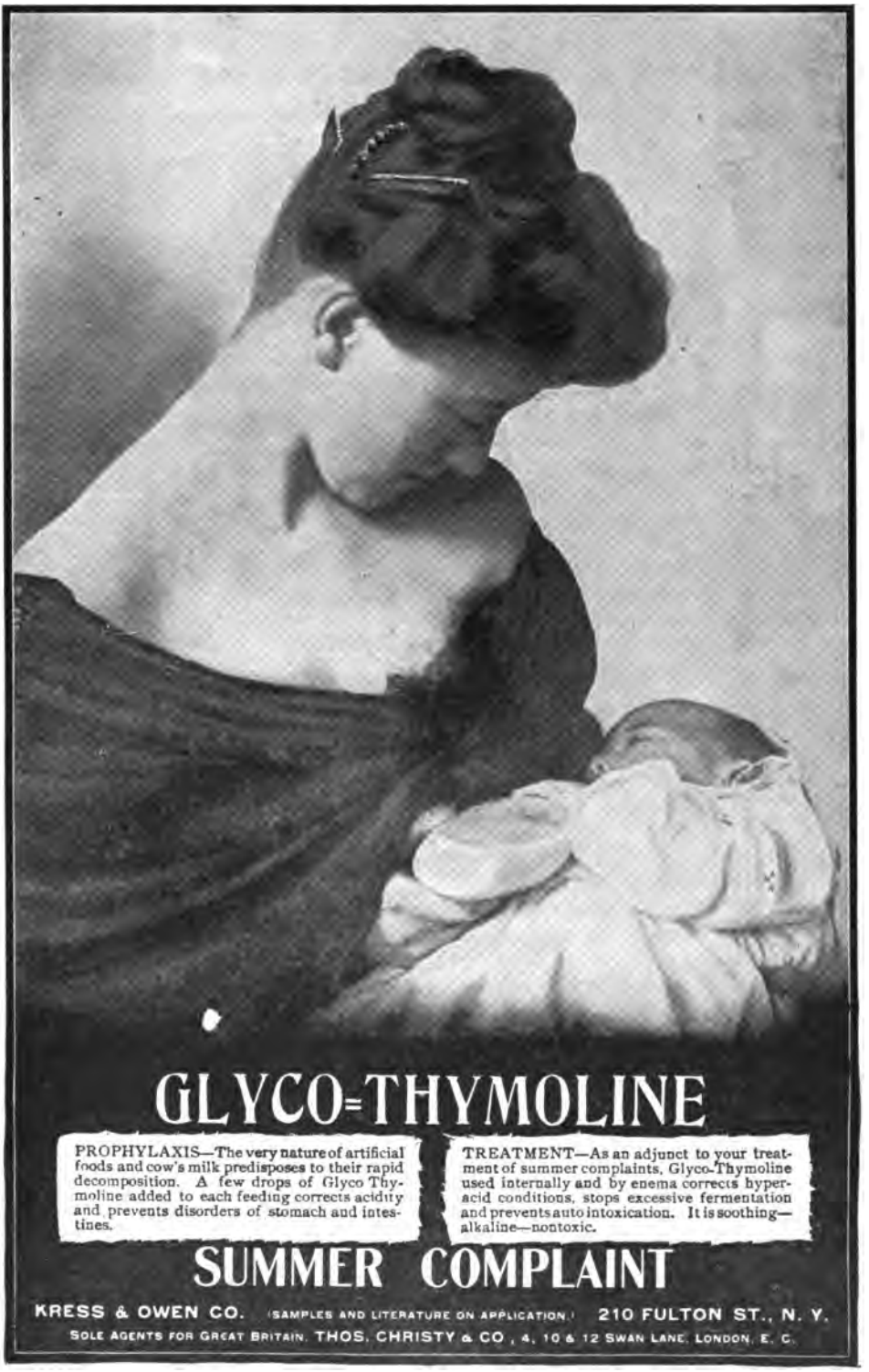

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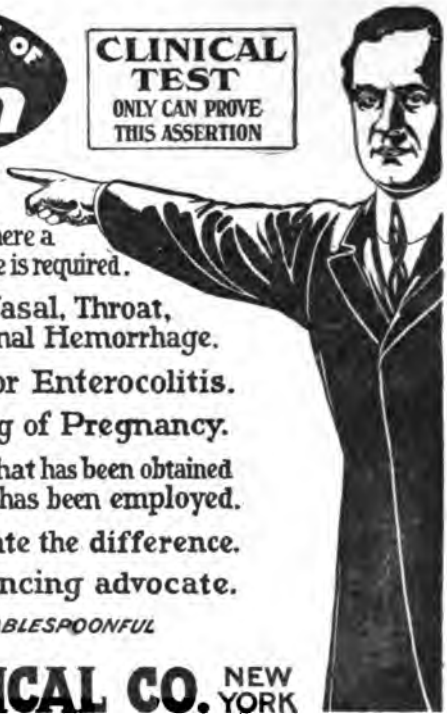

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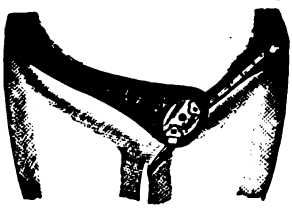

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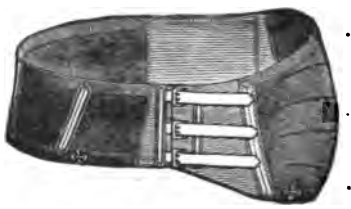

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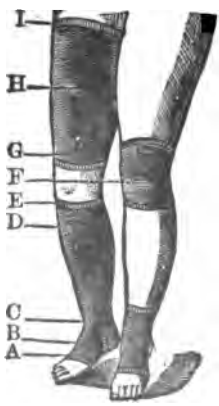

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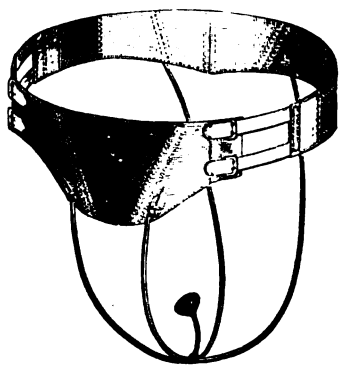

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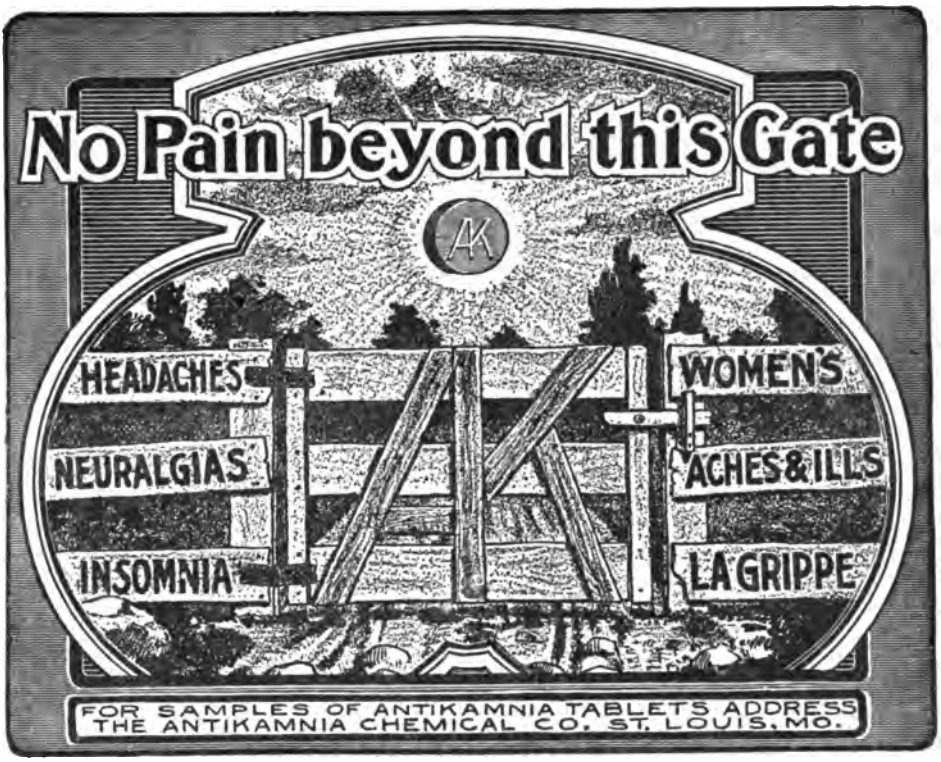

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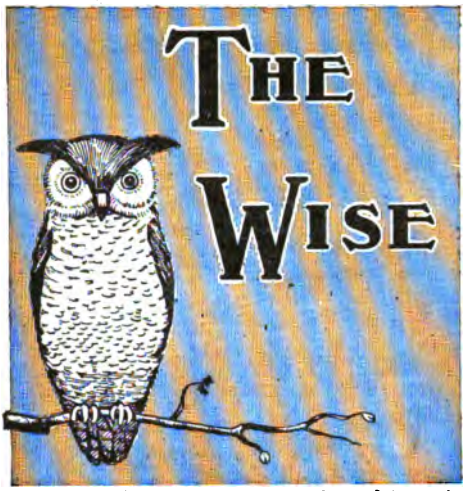

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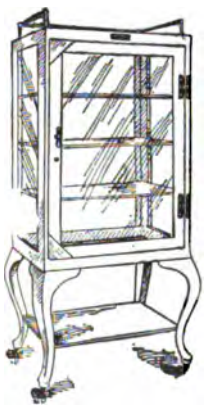

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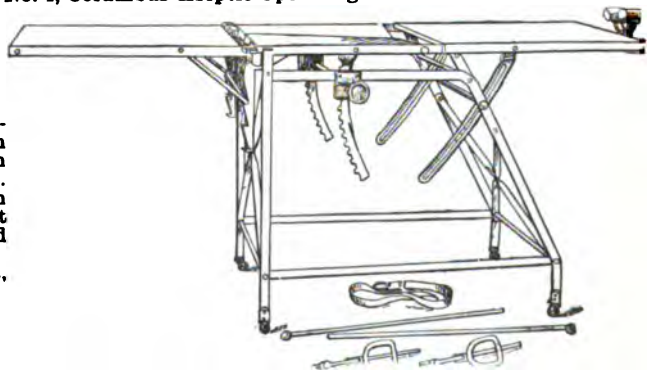

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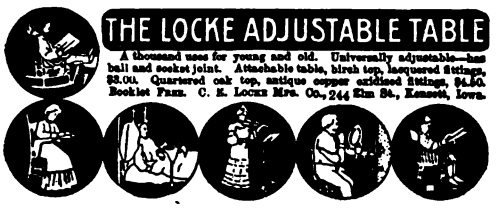
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